

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90070 031 ***150.00

DOCUMENT # F99000000662

1. Entity Name

JONES & JONES ARCHITECTS & LANDSCAPE ARCHITECTS

Principal Place of Business

Mailing Address

105 S. MAIN ST.
SEATTLE WA 98104

105 S. MAIN ST.
SEATTLE WA 98104-3444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-1170155

Applied For

Not Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, ILZE	NAME	Grant R. Jones
STREET ADDRESS	611 POST AVE. #13	STREET ADDRESS	318 First Ave., S. #607
CITY-ST-ZIP	SEATTLE WA 98104	CITY-ST-ZIP	Seattle WA 98104
TITLE	V <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, JOHNPAUL	NAME	Keith B. Larson
STREET ADDRESS	3080 NE CRYSTAL SPRINGS	STREET ADDRESS	25615 Marine View South
CITY-ST-ZIP	BAINBRIDGE ISLAND WA 98110	CITY-ST-ZIP	Des Moines WA 98198
TITLE	S <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPOS, MARIO	NAME	James H. Brighton
STREET ADDRESS	9001 W. SHOREWOOD DR., #691	STREET ADDRESS	538 Lakeside S. #410
CITY-ST-ZIP	MERCER ISLAND WA 98040	CITY-ST-ZIP	Seattle WA 98144
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Dan Williams
STREET ADDRESS		STREET ADDRESS	105 S. Main St.
CITY-ST-ZIP		CITY-ST-ZIP	Seattle WA 98104
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Accounting Manager

1/5/00

206-624-5702
 Daytime Phone #