

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90130 043 \*\*\*150.00

**DOCUMENT # P94000015305**

1. Entity Name  
**JONES BUS SERVICE INC.**

Principal Place of Business

Mailing Address

~~530 BAYRIDGE ROAD~~  
**JACKSONVILLE FL 32216**

~~530 BAYRIDGE ROAD~~  
**JACKSONVILLE FL 32216-1319**

2. Principal Place of Business

3. Mailing Address

*6918 Tonga DR*  
 Suite, Apt. #, etc.

*6918 Tonga DR.*  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

*JAX FL*

*JAX FL*

4. FEI Number **59-3230657**

Applied For  
 Not Applicable

Zip *32216*

Country *DUVAL*

Zip *32216*

Country *DUVAL*

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

**JONES, TERRY**  
~~530 BAYRIDGE ROAD~~  
**JACKSONVILLE FL 32216**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*6918 Tonga Dr.*  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>JONES, TERRY L.</b> <del>530 BAY RIDGE RD</del> <b>JACKSONVILLE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6918 Tonga Dr.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Terry Jones* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date *1-18-00* Daytime Phone #

CR2E034 (9/99)