

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

CR2E034 AV

03-14-2002 90326 001 \*\*\*\*\*8.75  
 03-14-2002 90326 002 \*\*\*155.00

**DOCUMENT # P97000073367**  
 1. Entity Name  
**W.J. JONES BUILDERS, INC.**

Principal Place of Business      Mailing Address  
**2500 NW 17TH ST**      **P O BOX 120622**  
**FORT LAUDERDALE FL 33311**      **FORT LAUDERDALE FL 33312-0011**  
**US**

2. Principal Place of Business      3. Mailing Address  
**3009 NW 7th COURT**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**FT. LAUDERDALE, FL**

Zip      Country      Zip      Country  
**33311**      **U.S.**

4. FEI Number      Applied For  
**65-0790842**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**JONES, W J**  
**1103 SW 15TH AVE**  
**STE 1**  
**FT LAUD FL 33312**

7. Name and Address of New Registered Agent  
 Name **WALTER J. JONES**  
 Street Address (P.O. Box Number is not acceptable) **3009 NW 7th COURT**  
 City **FT. LAUDERDALE**      **FL**      Zip Code **33311**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JONES, WALTER</b> <b>1103 SW 15TH AVENUE SUITE 1</b> <b>FORT LAUDERDALE FL 33312</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WALTER JAMES JONES</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3009 NW 7th COURT</b> <b>FT. LAUDERDALE, FL 33311</b>
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **Walter J. Jones**      Date **3/5/2002**      (954) 895-0842  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)