

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 271681

1. Entity Name

JONES & SONS, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90158 017 ***150.00

Principal Place of Business

Mailing Address

1061 GEORGE JENKINS BLVD
LAKELAND FL 33815
US

1061 GEORGE JENKINS BLVD
LAKELAND FL 33807-7396
US

2. Principal Place of Business

6157 So. Florida Ave

3. Mailing Address

P.O. Box 7396

Suite, Apt. #, etc.

LAKELAND FLA

City & State

33813

Zip

Country

US

Zip

33807

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1050904

Applied For

Not Applicable

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, MARTIN

1061 NEW TAMPA HWY
LAKELAND FL

Name

MARTIN JONES

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

6157 So. Florida Ave

City

LAKELAND

FL

Zip Code

33813

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]

MARTIN JONES

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

TITLE D ☐ Delete
NAME JONES, MARTIN JR.
STREET ADDRESS 4942 SOUTHLAKE DR
CITY-ST-ZIP MULBERRY FL

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME JONES, MARTIN
STREET ADDRESS 1061 GEORGE JENKINS BLVD
CITY-ST-ZIP LAKELAND FL

TITLE PD ☒ Change ☐ Addition
NAME JONES MARTIN
STREET ADDRESS 4968 SOUTHWIND DR
CITY-ST-ZIP MULBERRY FLA 33860

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature] MARTIN JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/00

Daytime Phone #

863 709 1901

CR2E034 (9/99)