

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90178 023 ***158.75

DOCUMENT # 350747

1. Entity Name
W.W. JONES, INC.

Principal Place of Business

**8401 A D MIMS RD
 ORLANDO FL 32818**

Mailing Address

**8401 A D MIMS RD
 ORLANDO FL 32818**

2. Principal Place of Business

1129 Ocoee-Apopka Rd
 Suite, Apt. #, etc.

3. Mailing Address

8401 A.D. Mims Rd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Apopka Florida

Zip
32203

Country
USA

City & State
Orl. FL

Zip
32818

Country
USA

4. FEI Number
59-1269274

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, WALLACE
 8401 A D MIMS RD
 ORLANDO FL 32818**

7. Name and Address of New Registered Agent

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, 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
PD
 NAME
JONES, WALLACE
 STREET ADDRESS
8401 A.D. MIMS ROAD
 CITY-ST-ZIP
ORLANDO FL

☐ Delete

TITLE
STD
 NAME
JONES, CAROLYN
 STREET ADDRESS
8401 A.D. MIMS ROAD
 CITY-ST-ZIP
ORLANDO FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
Vice President
 NAME
Johnny Jones
 STREET ADDRESS
8413 A.D. Mims Rd.
 CITY-ST-ZIP
Orlando, FL 32818

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

CR2E034 (9/01)

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:

Carolyn S. Jones
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02 407 889-8228
 Date Daytime Phone #