

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91305 030 ***158.75

DOCUMENT # 402130

1. Entity Name
HAL JONES & CO.

Principal Place of Business

**1900 S.E. 15TH ST.
 FT LAUDERDALE FL 33316**

Mailing Address

**1900 S.E. 15TH ST.
 FT LAUDERDALE FL 33316**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1440507

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JONES, HAROLD M III
 931 S.W. 21ST COURT
 FT. LAUDERDALE FL 33315**

7. Name and Address of New Registered Agent

Name **JONES, HAROLD M. III**
 Street Address (P.O. Box Number is Not Acceptable)
4535 BANYAN TRAILS DRIVE
 City **COCONUT CREEK FL** Zip Code **33073**

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

HAROLD M. JONES III, PRESIDENT 4-29-2002
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **C**
 STREET ADDRESS **JONES, HAROLD M JR**
 CITY-ST-ZIP **1900 SE 15TH ST.
 FT. LAUDERDALE FL**

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

TITLE ☐ Delete
 NAME **PST**
 STREET ADDRESS **JONES, HAROLD M III**
 CITY-ST-ZIP **1900 SE 15 ST
 FT. LAUDERDALE FL 33316**

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

TITLE ☐ Delete
 NAME **AS**
 STREET ADDRESS **VENERO, CAROL**
 CITY-ST-ZIP **4304 43RD WAY
 W. PALM BEACH FL 33407**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD M. JONES, III
PRESIDENT 4-29-2002 954-527-1778
 Date Daytime Phone #

CR2E034 (9/01)