2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State
01-19-2001 90026 044 ***150.00

0613856

DOCUMENT # 598028

1. Entity Name
JOHNNY JONES PLUMBING, INC.

Principal Place of Business	Mailing Address
419 FERGUSON DR. ORLANDO FL 32805	419 FERGERSON DRIVE ORLANDO FL 32805 US

A0006707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
417 Ferguson Dr.		417 Ferguson Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando Fl		City & State: Orlando fl	
Zip: 32805	Country: USA	Zip: 32805	Country: USA

4. FEI Number 59-1864646 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, JOHNNY
419 FERGUSON DRIVE
ORLANDO FL 32805

7. Name and Address of New Registered Agent

Name: Johnny Jones
Street Address (P.O. Box Number is Not Acceptable): 1134 Lk. Blanche Dr.
City: Orl FL Zip Code: 328

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: X Johnny G Jones — DATE: 1/3/01
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, 2001 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	PD	☐ Delete	TITLE	Vice President	☐ Change ☒ Addition
NAME	JONES, JOHNNY G		NAME	Lindsey Scott Jones	
STREET ADDRESS	419 FERGUSON DRIVE		STREET ADDRESS	8424 Rose Grove Rd.	
CITY-ST-ZIP	ORLANDO, FL 00000		CITY-ST-ZIP	Orl. Fl 32805	
TITLE	Vice President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Lindsey Scott Jones		NAME		
STREET ADDRESS	8424 Rose Groves Rd.		STREET ADDRESS		
CITY-ST-ZIP	Orl. Fl 32818		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: X Johnny G Jones — Date: 1/3/01 — Daytime Phone #: 407-293-8137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR