

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 598028

1. Entity Name
JOHNNY JONES PLUMBING, INC.



FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90696 027 ***150.00

90001524



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
~~417 FERGUSON DRIVE~~ 456 DeLeon Ave
ORLANDO FL 32805

Mailing Address
~~417 FERGUSON DRIVE~~ 456 DeLeon Ave
ORLANDO FL 32805
US

2. Principal Place of Business
456 DeLeon Ave

3. Mailing Address
456 DeLeon Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number 59-1864646

Applied For
Not Applicable

Zip 32805 Country USA

Zip 32805 Country USA

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, JOHNNY
1134 LAKE BLANCHE DRIVE
ORLANDO FL 32805

Name

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

City

FL 32806

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, JOHNNY G 417 FERGUSON DRIVE 1134 LK Blanche Dr. ORLANDO, FL 32805 ORL. FL 32806	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, LINDSEY 6520 Crestmont Glen Ln 417 FERGUSON DR. WINDERMERE FL 34786 ORLANDO FL 32805	☐ 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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)