

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 823234

1. Entity Name

PAUL H. JONES & COMPANY, INC.

Principal Place of Business

2226 N 49TH WAY
W PALM BCH FL 33417
US

Mailing Address

2226 N 49TH WAY
W PALM BCH FL 33417-3924
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

4290 meadow View DR.

Suite, Apt. #, etc.

City & State

City & State
BOYNTON BEACH, FL 334

Zip

Country

Zip
33436-2618

Country
USA

4. FEI Number

16-0729291

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, PAUL H
2226 N 49TH WAY
W PALM BCH FL 33417

Name

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

4290 meadow View DR

City

BOYNTON BEACH

FL

Zip Code

33436-2618

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, 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	PD	<input type="checkbox"/> Delete
NAME	JONES, PAUL H	
STREET ADDRESS	4290 MEADOW VIEW DR	
CITY-ST-ZIP	BOYNTON BCH FL 33436	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JONES, AUDREY P	
STREET ADDRESS	4290 MEADOW VIEW DR	
CITY-ST-ZIP	BOYNTON BCH FL 33436	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KING, GEORGE	
STREET ADDRESS	1418 LAKE AVE	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Paul H. Jones Paul H. Jones 4-17-00 561-697-2550
 ** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)