

# 2000 UNIFORM BUSINESS REPORT (UBR)

6

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

06-12-2000 90041 006 \*\*\*158.75

DOCUMENT # 856804

1. Entity Name

J.A. JONES CONSTRUCTION COMPANY

Principal Place of Business

Mailing Address

J.A. JONES DR.  
 ATTN: TAX DEPT  
 CHARLOTTE, NC 28287

J.A. JONES DR.  
 ATTN: TAX DEPT  
 CHARLOTTE, NC 28287

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-1231345

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

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANATION FL 33324

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, 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	ROBERT B. HAMBRIGHT	
STREET ADDRESS	J.A. JONES DRIVE	
CITY-ST-ZIP	CHARLOTTE, NC 28287	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	JAMES A. BOWDEN	
STREET ADDRESS	J.A. JONES DRIVE	
CITY-ST-ZIP	CHARLOTTE, NC 28287	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JAMES C. SMITH	
STREET ADDRESS	J.A. JONES DRIVE	
CITY-ST-ZIP	CHARLOTTE, NC 28287	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	JOHN W. SPRINGER	
STREET ADDRESS	J.A. JONES DRIVE	
CITY-ST-ZIP	CHARLOTTE, NC 28287	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	CHARLES T. DAVIDSON	
STREET ADDRESS	J.A. JONES DRIVE	
CITY-ST-ZIP	CHARLOTTE, NC 28287	
TITLE	SEE ATTACH LIST FOR COMPLETE LISTING OF OFFICERS AND DIRECTORS	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 an other like empowered.

SIGNATURE:

*John W. Springer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 JOHN W. SPRINGER

6/5/00

Date

704-553-3061

Daytime Phone #

CR2E034 (9/99)