2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 856804

1. Entity Name

J.A. JONES CONSTRUCTION COMPANY



Jul 05, 2000 8:00 am Secretary of State



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rincipal Plac	e of Business	Mailing Address						
.T.A. J	ONES DR.	J.A. JONES D	R.					
ATTN: TAX DEPT		ATTN: TAX DEPT						
CHARL	OTTE, NC 28287	CHARLOTTE, N	C 28287					
. Principal Place of Business		3. Malling Address				•		
		<u></u>					_	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		1	DO NOT WRITE	IN THIS SP	AÇE	
City & State	e	City & State	·	4. FEI Number			I A	oplied For
ony a maid				56-1231	.345		N	ot Applicable
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired		B.75 Ad e Require	
	6. Name and Address of Current	Registered Agent	' 	7. Name and Add	Iress of New Reg			
			Name					
CT 3	CORPORATION SYSTEM		Chart Add	ross (DO Boy Number is i	Mot Acceptable)			
-1200	O SOUTH PINE ISLAND R	OAD	Street Add	ress (P.O. Box Number, is l	Not Acceptatie)_			·
	NATION FL 33324							
			City			F-	Zip Cod	e
	·		Ony			<u> </u>	24000	
. The above	named entity submits this statement for	the purpose of changing it	s registered office or re	gistered agent, or both, in	the State of Florid	la.		
GNATURE:	Signature, typed or printed name of registered agent a	nd little if applicable (NO	TE: Registered Agent signature	required when reinstating)		DATE		
. This corpo	Signature, hyped or printed name of registered agent a reation is elligible to satisfy its intangible equirement and elects to do so.	- FILE NOW	TE: Registered Agent signature	10. Election	Campaign Finan	cing _		10 May Be
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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.

MATURE AND TYPED ON DESTREED NAME OF SIGNING DEFICER OR DIRECTOR

JOHN W. SPRINGER

6/5/00

704-553-3061