

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 856804

1. Entity Name

J.A. JONES CONSTRUCTION COMPANY

Principal Place of Business

6060 J.A. JONES DR
ATTN. TAX DEPARTMENT
CHARLOTTE NC 28287

Mailing Address

6060 J.A. JONES DR
ATTN. TAX DEPARTMENT
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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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, 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HAMBRIGHT, ROBERT B	
STREET ADDRESS	J.A. JONES DR	
CITY-ST-ZIP	CHARLOTTE NC 28287	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COOKSEY, NEIL C.	
STREET ADDRESS	J.A. JONES DR.	
CITY-ST-ZIP	CHARLOTTE NE 28287	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BOWDEN, JAMES A.	
STREET ADDRESS	J.A. JONES DR	
CITY-ST-ZIP	CHARLOTTE NC 28287	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	SMITH, JAMES C.	
STREET ADDRESS	J.A. JONES DR	
CITY-ST-ZIP	CHARLOTTE NC 28287	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEE ATTACHED LISTING OF COMPLETE OFFICERS AND DIRECTORS	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN D. BOND III	
STREET ADDRESS	J.A. JONES DRIVE	
CITY-ST-ZIP	CHARLOTTE, NC 28287	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN W. SPRINGER	
STREET ADDRESS	J.A. JONES DRIVE	
CITY-ST-ZIP	CHARLOTTE, NC 28287	
TITLE	TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT/CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRIS E. PHILLIPS	
STREET ADDRESS	J.A. JONES DRIVE	
CITY-ST-ZIP	CHARLOTTE, NC 28287	
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:

Kris E. Phillips

KRIS E. PHILLIPS VP/CONTROLLER

3/6/01

704-553-3074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

044324



DO NOT WRITE IN THIS SPACE

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90026 004 ***158.75

Attachment Doc # 856804
0043747
J. A. JONES CONSTRUCTION COMPANY

LIST OF OFFICERS & DIRECTORS
EFFECTIVE DECEMBER 15, 1999

NAME	TITLE	OFFICE ADDRESS
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OFFICERS

JOHN D. BOND III	PRESIDENT	J.A. JONES DR., CHARLOTTE NC 28287
JAMES ALVIN BOWDEN	TREASURER	J.A. JONES DR., CHARLOTTE NC 28287
JAMES COPELAND SMITH	VICE PRESIDENT	J.A. JONES DR., CHARLOTTE NC 28287
JAMES EDWARD CAPPS	VICE PRESIDENT	J.A. JONES DR., CHARLOTTE NC 28287
MICHAEL JAMES FLANIGAN	VICE PRESIDENT	J.A. JONES DR., CHARLOTTE NC 28287
MICHAEL BANKS GWYN	VICE PRESIDENT	J.A. JONES DR., CHARLOTTE NC 28287
CARSON LEE HUNEYCUTT	VICE PRESIDENT	J.A. JONES DR., CHARLOTTE NC 28287
EDWARD MICHAEL RUANE	VICE PRESIDENT	J.A. JONES DR., CHARLOTTE NC 28287
DOUGLAS G. SICKLE	VICE PRESIDENT	J.A. JONES DR., CHARLOTTE NC 28287
SCOTT M. PRICE	SR. VICE PRESIDENT	J.A. JONES DR., CHARLOTTE NC 28287
JOHN WHATLEY SPRINGER	VICE PRESIDENT & SECRETARY	J.A. JONES DR., CHARLOTTE NC 28287
KRIS EDWARD PHILLIPS	VICE PRESIDENT & CONTROLLER	J.A. JONES DR., CHARLOTTE NC 28287

DIRECTORS

JAMES A. BOWDEN	DIRECTOR	J.A. JONES DR., CHARLOTTE NC 28287
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FED ID 56-1231345
UPDATED 2/15/01