

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90067 029 \*\*\*150.00

**DOCUMENT # F25821**

1. Entity Name

**JONES TRANSPORTATION, INC.**

Principal Place of Business

**3020 LEON ROAD  
JACKSONVILLE FL 32246  
US**

Mailing Address

**3020 LEON ROAD  
JACKSONVILLE FL 32246  
US**

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 **59-2075388**

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, BETTY J  
14423 BUCCANNER CIRCLE N  
JACKSONVILLE FL 32225**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **JONES, BETTY J**  
STREET ADDRESS **14423 BUCCANEER CIR N**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Delete  
NAME **JONES, JAMES A III**  
STREET ADDRESS **4126 LEEWARD PT**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Delete  
NAME **JONES, TERRY L**  
STREET ADDRESS **530 BAYRIDGE ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Addition

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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:

*Betty J. Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/01 904-642-3117

Date

Daytime Phone #

CR2E034 (10/00)