

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003763

1. Entity Name

E.T. JONES ENTERPRISES, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90012 009 ***150.00

Principal Place of Business

P.O. BOX 204375
MARTINEZ GA 30917

Mailing Address

P.O. BOX 204375
MARTINEZ GA 30917-4375

2. Principal Place of Business

475 Lewiston Road

Suite, Apt. #, etc.

3. Mailing Address

475 Lewiston Road

Suite, Apt. #, etc.

City & State

Grovetown GA

City & State

Grovetown GA

Zip

30813

Country

Columbia

Zip

30813

Country

Columbia

4. EEI Number

58-1460791

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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

Patricia A. Cox

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-00

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

TITLE PCD
NAME JONES, E T
STREET ADDRESS 475 LEWISTON ROAD
CITY-ST-ZIP GROVETOWN GA 30813 ☐ Delete

TITLE STD
NAME JONES, LYDIA A
STREET ADDRESS 475 LEWISTON ROAD
CITY-ST-ZIP GROVETOWN GA 30813 ☐ Delete

TITLE S
NAME COX, PATRICIA A
STREET ADDRESS 56 PRIDE AVENUE
CITY-ST-ZIP GRANITEVILLE SC 29829 ☐ Delete

TITLE VP
NAME MONROE, BARBARA S
STREET ADDRESS 478 DICKSON DRIVE
CITY-ST-ZIP EVANS GA 30809 ☐ Delete

TITLE VP
NAME JONES, EDWARD L
STREET ADDRESS 3893 PARADISE ROAD
CITY-ST-ZIP WRENS GA 30833 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Patricia A. Cox Patricia A. Cox

4-21-00

706-863-1606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)