

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F96000004993**

1. Entity Name

SEASONS FOUR, INC. OF MARYLAND

Principal Place of Business

5114 TWIN CREEKS DR
VALRICO FL 33594

Mailing Address

5114 TWIN CREEKS DR
VALRICO FL 33594

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

52-0673054

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, JAY M
5114 TWIN CREEKS DR
VALRICO FL 33594

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, 2002 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 Delete
NAME JONES, JAY M
STREET ADDRESS 5114 TWIN CREEKS DR
CITY-ST-ZIP VALRICO FL 33594

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S Delete
NAME JONES, JUNE M
STREET ADDRESS 5114 TWIN CREEKS DR
CITY-ST-ZIP VALRICO FL 33594

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME JONES, MICHAEL C
STREET ADDRESS 8518 CYPRESS HOLLOW DR.
CITY-ST-ZIP SARASOTA FL 34238

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME JONES, STEVEN L
STREET ADDRESS 1320 N. HARPER AVE., UNIT 112
CITY-ST-ZIP LOS ANGELES CA 90046

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: *Jay M Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02

813-654-6566

Date

Daytime Phone #

0417858
AV

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90186 029 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)