2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002908

1. Entity Name

D.M. JONES CONSTRUCTION, INC.

Principal Place of Business		Mailing Address		
440 BENMAR, STE HOUSTON TX 7700	===	440 BENMAR, STE 1 HOUSTON TX 77060	*	
2. Principal Place of Business		3. Mailing Address		L SANKARA SALAR BARKA ARBAK ARBAK ARBAK ARBAK ARBAK ARBAK ARBAK ARBAK ARBAK
Suite, Apt. #, etc.		Suite, Apt, #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 76-0486563
Zip	Country	Zip	Country	5. Certificate of Status Desired
6	i. Name and Address of Cu	irrent Registered Agent		7. Name and Address of New Registered Agent
		• •	Name	
■ 1200 S	PRPORATION SYSTEM OUTH PINE ISLAND ROA	ND	Street A	ddress (P.O. Box Number is Not Acceptable)
PLANTA	ATION FL 33324			
\$			City	FL Zip
8. The above nam	ned entity submits this staten	nent for the purpose of changing	ng its registered office or	r registered agent, or both, in the State of Florida.
·				
SIGNATURE	ature, typed or printed name of registere	d agent and title if applicable.	(NOTE: Registered Agent signati	ure required when reinstating) DATE
	on is eligible to satisfy its Inta rement and elects to do so. n back)	After SEPTEMBI	OW!!! FEE IS \$550.0 ER 13, 2000 Min. will exable to Department	be \$750.00 10. Election Campaign Financing Trust Fund Contribution.

FILED Aug 08, 2000 8:00 am Secretary of State

08-08-2000 90013 044 ***550.00



|--|--|

Not Applicable Additional

ouired

Code

Applied For

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME JONES, DAVID M STREET ADDRESS STREET ADDRESS 440 BENMAR, STE 1020 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** TITLE Delete TITLE Change ☐ Addition NAME MOORE, MICHAEL D NAME 0601.252, 2 STREET ADDRESS STREET ADDRESS 440 BENMAR, STE 1020 OWOFF CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX ☐ Change ☐ Addition TITLE ST. ☐ Delete TITLE NAME SCARBERRY, KIMBERLY D NAME STREET ADDRESS STREET ADDRESS 440 BENMAR, STE 1020 CITY-ST-7/P CITY-ST-ZIP HOUSTON TX ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CR2E034 (5/00)