

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90027 043 ***150.00

DOCUMENT # G09597

1. Entity Name
DON JONES, INC.

Principal Place of Business 2ND AVE N STE 320 PETERSBURG FL 33701	Mailing Address 100 2ND AVE N STE 320 ST. PETERSBURG FL 33701-3338
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-2243671	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JONES, DONALD M
5200 BRITTANY DR SO
ST PETERSBURG FL 33715

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 *Don Jones* DATE 2-15-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD	JONES, DONALD M. 5200 BRITTANY DRIVE SO. ST. PETERSBURG FL	TITLE NAME	
STREET ADDRESS ST-ZIP	VSD JONES, MARY R. 5200 BRITTANY DRIVE SO. ST. PETERSBURG FL	STREET ADDRESS CITY-ST-ZIP	
		TITLE NAME	
		STREET ADDRESS CITY-ST-ZIP	
		TITLE NAME	
		STREET ADDRESS CITY-ST-ZIP	
		TITLE NAME	
		STREET ADDRESS CITY-ST-ZIP	

CR2E034 (9/99)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report as 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: *Don Jones* **DON JONES** DATE 2-15-2000 DAYTIME PHONE # (727) 867-3025
Signature and typed or printed name of signing officer or director