2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

G30956 **DOCUMENT #**

JONES LOOP CORP.

1. Entity Name

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable



Country

Name

City

Principal Place of Business 26570 JONES LOOP ROAD PUNTA GORDA FL 33950

Zip

SIGNATURE

LOVETT, RYLAND

4900 RIVERSIDE DR **PUNTA GORDA FL 33950**

the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00

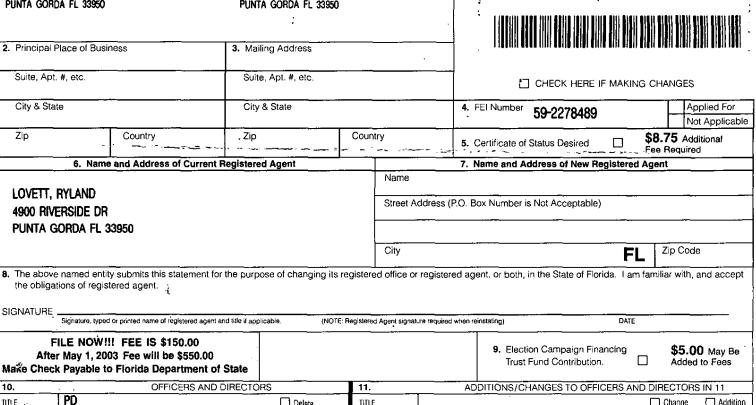
Mailing Address 25191 OLYMPIA AVE PUNTA GORDA FL 33950

•		
3. Mailing Address		
Suite, Apt. #, etc.		
City & State		
	Suite, Apt. #, etc.	

, Zip

FILED Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90034 030 ***150.00



After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				Trust Fund Contribution.		U May Be I to Fees	
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP	PD LOVETT, RYLAND 4900 RIVERSIDE DR PUNTA GORDA, FL 33982	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOVETT, MARCIA 4900 RIVERSIDE DR PUNTA GORDA FL 33982	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete ,	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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 of this tee empowered texecute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment

SIGNATURE:

Jand Lovett 4/18/03 (941)637-1123