

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G46098**

1. Entity Name

JONES AND COMPANY, INC.

Principal Place of Business

C/O R D JONES
809 E OSCEOLA ST
STUART FL 34994

Mailing Address

C/O R.J. FLOWERS, CPA/PA
40 EAST OSCEOLA STREET
STUART FL 34994
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2308991**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELATTRE, THOMAS
4246 SW BIMINI CIRCLE SOUTH
PALM CITY FL 34990

Name

Street Address (P.O. Box Number is Not Acceptable)
1465 SE BREWSTER PLACE

City **STUART**

FL Zip Code **34997**

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, 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 **DP** ☐ Delete
NAME **DELATTRE, THOMAS**
STREET ADDRESS **4246 SW BIMINI CIRCLE SOUTH**
CITY-ST-ZIP **PALM CITY FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1465 SE BREWSTER PLACE**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **D** ☐ Delete
NAME **JONES, ROBERT D.**
STREET ADDRESS **278 SE MACARTHUR BLVD.**
CITY-ST-ZIP **STUART FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3019 SE DOUBLETTON DRIVE**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **VP** ☐ Delete
NAME **DELATTRE, THOMAS**
STREET ADDRESS **4246 SW BIMINI CIRCLE SOUTH**
CITY-ST-ZIP **PALM CITY FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1465 SE BREWSTER PLACE**
CITY-ST-ZIP **STUART, FL 34997**

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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: *Thomas Delattre* **THOMAS DELATTRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)