

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G46098

1. Entity Name

JONES AND COMPANY, INC.

Principal Place of Business

Mailing Address

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

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 Numbers Not Acceptable)

1465 S.E. Brewster Place

City

STUART

FL

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

Thomas Delattre
THOMAS DELATTRE

Signature of individual or printed name of registered agent and fee 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-1-2001 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
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
DELATTRE, THOMAS
1465 SE BREWSTER PLACE
STUART FL 34997 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
D
JONES, ROBERT D.
3019 SE DOUBLETTON DRIVE
STUART FL 34997 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
VP
DELATTRE, THOMAS
1465 SE BREWSTER PLACE
STUART FL 34997 ☐ Delete

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THOMAS DELATTRE

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90002 033 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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