

FILED  
Feb 19, 2003 8:00 am  
Secretary of State

02-05-2003 90124 046 \*\*\*150.00

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

DOCUMENT # **G52623**

1. Entity Name  
**GEORGE JONES PAINTING, INC.**



Principal Place of Business  
**2438 N CAHOON HOLLOW  
TALLAHASSEE FL 32310-9412  
294 Shell Island Rd.  
Saint Marks, FL 32355**

Mailing Address  
**2438 N CAHOON HOLLOW  
TALLAHASSEE FL 32310-9412  
P.O. Box 194  
Saint Marks, FL 32355**

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  
**59-2305438**

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

**JONES, GEORGE  
2438 N CAHOON HOLLOW P.O. Box 194  
TALLAHASSEE FL 32304 Saint Marks, FL 32355**

Name **George Jones**  
Street Address (P.O. Box Number is Not Acceptable)  
**294 Shell Island Rd**  
City **Saint Marks** FL Zip Code **32355**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **George Jones - President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/18/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  
NAME **JONES, GEORGE** ☐ Delete  
STREET ADDRESS **2438 N. CAHOON HOLLOW**  
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE **VSD**  
NAME **JONES, GAIL** ☐ Delete  
STREET ADDRESS **2438 N. CAHOON HOLLOW**  
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE **T** ☒ Delete  
NAME **JONES, WAYNE N**  
STREET ADDRESS **1515 GRAM LANE**  
CITY-ST-ZIP **TALLAHASSEE FL 32310**

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

TITLE **S** ☒ Delete  
NAME **JONES, JAMES F**  
STREET ADDRESS **8533 BELK DR.**  
CITY-ST-ZIP **TALLAHASSEE FL 32310**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Gail Jones - Gail Jones**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/4/03**  
Date

**850-925-9677**  
Daytime Phone #

CR2E034 (10/02)