

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90362 017 ***150.00

DOCUMENT # J28467

1. Entity Name

JONES HOMES, INC.

Principal Place of Business

**5995 ST AMBROSE CHURCH ROAD
ELKTON FL 32033**

Mailing Address

**5995 ST AMBROSE CHURCH ROAD
ELKTON FL 32033**

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 **59-2710263**

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, JOHN W., JR.
5105 DATIL PEPPER ROAD
ST. AUGUSTINE FL 32086**

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

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, 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	JONES, JOHN W., JR.	5105 DATIL PEPPER RD.	ST. AUGUSTINE FL				
VP	JONES, TERRELL W., SR.	50595 DATIL PEPPER RD	ST AUGUSTINE FL				
VP	BRUBAKER, CARRIE E.	5995 ST AMBROSE CHRCH RD	ELKTON FL				
S	JONES, STANLEY KEITH	125 MORNING VIEW PL	ST AUGUSTINE FL				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)