

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J52122

1. Entity Name

KOONS & KOONS COMPANY, INC.



Principal Place of Business

C/O JOHN R. KOONS, SR.
1742 ORMOND RD
JACKSONVILLE FL 32225

Mailing Address

C/O JOHN R. KOONS, SR.
1742 ORMOND RD
JACKSONVILLE FL 32225

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

59-2756465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

A0075867



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOONS, JOHN R. S
1843 EVERLEE RD.
JACKSONVILLE FL 32216

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
ST
KOONS, JOHN R., SR.
1843 EVERLEE RD.
JACKSONVILLE FL ☐ 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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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 #

John R. Koons, Sr. JOHN R KOONS SR (PRES) 8-18-2000 9046463120

CR2E034 (5/00)

KOONS & KOONS COMPANY

Attachment doc #
J52122
A0075867

1742 ORMOND ROAD
JACKSONVILLE, FLORIDA 32225

Phone 904-646-3120
Fax 904-284-0169

AUGUST 18, 2000

FLORIDA DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: DOCUMENT #J52122

FEI#59-2756465

DEAR SIRs:

I RECEIVED PENALTY NOTICE FOR MY UNIFORM BUSINESS REPORT. I NEVER RECEIVED MY FIRST NOTICE. I DON'T KNOW IF IT WAS A MISTAKE ON YOUR PART OR MINE.

I AM ENCLOSING \$150. FOR THE AMOUNT I PAY ON TIME YEARLY. SINCE I HAVE NEVER BEEN LATE, HOPE THIS IS ACCEPTABLE. IF IT IS NOT ACCEPTABLE, PLEASE NOTIFY ME IMMEDIATELY.

SINCERELY,



JOHN KOONS
PRESIDENT