FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 01, 2000 8:00 am DOCUMENT # **J75627** Secretary of State 03-01-2000 90011 044 ***158.75 A.L. JONES ENTERPRISES, INC. Principal Place of Business Mailing Address 13611 WATERFALL WAY > ALONZO JONES FIG. N. 50TH ST TAMPA FL 33624-6965 C0027867 1AMPA FL 33619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-2812290 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JONES, ALONZO Street Address (P.O. Box Number is Not Acceptable) 13611 WATERFALL WAY

10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSTD** ☐ Change ☐ Addition ☐ Delete TITLE TITLE JONES, ALONZO NAME NAME 13611 WATERFALL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

(NOTE: Registered Agent signature required when reinstating)

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.

FILE NOW!!! FEE IS \$150.00

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 eath; that I am an officer or director of the corporation or the receiver or trustge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if dress, with all other line empowered.

SIGNATURE:

TAMPA FL 33624

9. This corporation is eligible to satisfy its Intangible

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

SIGNATURE

e ALONZO JONES SIGNING OFFICER OR DIRECTOR PRINTED NAME SIGNATURE AND TYPED

CH2E034 (9/99)

Zip Code

FL

DATE