

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90301 010 ***150.00

DOCUMENT # J75970

1. Entity Name

JONES AND CARDOZO, P.A.

Principal Place of Business

1800 SECOND STREET
STE 714
SARASOTA FL 34236
US

Mailing Address

1800 SECOND STREET
STE 714
SARASOTA FL 34236
US

2. Principal Place of Business

46 N. Washington Blvd.

Suite, Apt. #, etc.

Ste. 18

City & State

Sarasota FL

Zip

34236

Country

USA

3. Mailing Address

46 N. Washington Blvd.

Suite, Apt. #, etc.

Ste. 18

City & State

Sarasota FL

Zip

34236

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2810092

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, ALLAN E.

1800 SECOND STREET
STE 714
SARASOTA FL 34236

Name

Jones, Allan E.

Street Address (P.O. Box Number is Not Acceptable)

46 N. Washington Blvd.

Ste. 18

City

Sarasota

FL

Zip Code

34236

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 PD ☐ Delete
NAME JONES, ALLAN E.
STREET ADDRESS 1800 2ND ST STE 714
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ Delete
NAME CARDOZO, JOSEPH L
STREET ADDRESS 1800 2ND ST STE 714
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 46 N. Washington Blvd, Ste 18
CITY-ST-ZIP Sarasota FL 34236

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 46 N. Washington Blvd, Ste. 18
CITY-ST-ZIP Sarasota, FL 34236

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

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

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

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)