

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90604 005 \*\*\*150.00

0048672

**DOCUMENT # K10463**

1. Entity Name

**RONALD JONES CONTRACTING, INC.**

Principal Place of Business

Mailing Address

151 SHADOW TRAIL  
 LONGWOOD FL 32750

151 SHADOW TRAIL  
 LONGWOOD FL 32750

2. Principal Place of Business

2013 Crowley Cir W  
 Suite, Apt. #, etc.

3. Mailing Address

2013 Crowley Cir W  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Longwood, FL

City & State

Longwood, FL

4. FEI Number

59-2870213

Applied For

Not Applicable

Zip 32779-2768

Country USA

Zip 32779-2768

Country USA

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, RONALD  
 151 SHADOW TRAIL  
 LONGWOOD FL 32750

Name

Ronald Jones

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

2013 Crowley Cir W

City

Longwood

FL

Zip Code

32779-2768

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, RONALD  
 STREET ADDRESS 151 SHADOW TRAIL  
 CITY-ST-ZIP LONGWOOD FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 2013 Crowley Cir W  
 CITY-ST-ZIP Longwood, FL 32779-2768

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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 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 807, 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:

*Ronald Jones*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01  
 Date

407-333-0966  
 Daytime Phone #

CR2E034 (10/00)