

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K73525

1. Entity Name

JONES DRYDOCK SERVICES, INC.

FILED
Feb 18, 2000 8:00 am
Secretary of State

02-18-2000 90010 001 ***750.00

Principal Place of Business

Mailing Address

% CLEVELAND JONES II
3399 N.W. SOUTH RIVER DR
MIAMI FL 33142-6953

% CLEVELAND JONES II
3399 N.W. SOUTH RIVER DR
MIAMI FL 33142-6953

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 59-0832181

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, CLEVELAND II
3399 NW SOUTH RIVER DR.
MIAMI FL 33173

Name

CLEVELAND JONES III

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

3399 N.W. So. River Dr.

City

Miami

FL

Zip Code

33142

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 Cleveland Jones III Pres. 2/1/2000

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, 2000 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	<input type="checkbox"/> Delete
NAME	JONES, CLEVELAND II	
STREET ADDRESS	3399 NW SOUTH RIVER DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JONES, CAROLINE	
STREET ADDRESS	3399 NW SOUTH RIVER DR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cleveland Jones III	
STREET ADDRESS	3399 N.W. So. River Dr.	
CITY-ST-ZIP	Miami, Fl. 33142	
TITLE	VP/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caroline Jones	
STREET ADDRESS	3399 N.W. So. River Dr.	
CITY-ST-ZIP	Miami, Fl. 33142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cleveland Jones III

2/1/2000

305-635-0891

Date

Daytime Phone #

CR2E034 (9/99)