

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K81923

1. Entity Name

TODD JONES CARPET SERVICE, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90183 046 ***150.00

Principal Place of Business

Mailing Address

TODD JONES CARPET SERVICE
1833 REAR ROBINHOOD ST
SARASOTA FL 34231
US

TODD JONES CARPET SERVICE
1833 REAR ROBINHOOD ST
SARASOTA FL 34231
US

2. Principal Place of Business *5493 S. Lois*
~~Todd Jones Carpet Service~~
Suite, Apt. #, etc.

3. Mailing Address
5493 S. Lois Trl
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
North Port FL
Zip
34286
Country
USA

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North Port FL
Zip
34286
Country
USA

4. FEI Number **65-0178391**

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, TODD A.
2536 NASSAU ST
SARASOTA FL 34231

Name
Todd Jones
Street Address (P.O. Box Number is Not Acceptable)
5493 S. Lois Trl
City
North Port **FL** Zip Code
34286

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 *Todd A Jones* *4-28-00*
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 NAME STREET ADDRESS CITY-ST-ZIP | D JONES, TODD A. 1833 REAR ROBINHOOD ST SARASOTA FL 34231 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Jones Todd A 5493 S. Lois Trl North Port FL 34286 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

Todd A Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00
Date

923-1857
Daytime Phone #