

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003006

1. Entity Name

JON DON, INC.

FILED

Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90316 043 ****61.25

Principal Place of Business

999 W. PROSPECT RD.
OAKLAND PARK FL 33309

Mailing Address

999 W. PROSPECT RD.
OAKLAND PARK FL 33309

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

65-1060656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERGUSON, JOHN W
999 W. PROSPECT RD.
OAKLAND PARK FL 33309

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FERGUSON, JOHN W
STREET ADDRESS 999 W. PROSPECT RD.
CITY-ST-ZIP OAKLAND PARK FL 33309 ☐ Delete

TITLE SD
NAME INGRAM, DONALD
STREET ADDRESS 7118 NW 78TH AVE.
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

TITLE D
NAME STURGIS, ROBERT
STREET ADDRESS PO BOX 7238
CITY-ST-ZIP FT LAUDERDALE FL 33338 ☐ Delete

TITLE DS
NAME EVANS, KAY
STREET ADDRESS 1391 NE 18TH ST
CITY-ST-ZIP FORT LAUDERDALE FL 33305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

JOHN FERGUSON

4/15/02-7768271

Date

Daytime Phone #

CR2E037 (9/01)