

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014919

1. Entity Name

W.E. JONES TREE FARM, INC.

Principal Place of Business

9339 LAND O'LAKES BOULEVARD
LAND O'LAKES FL 34639

Mailing Address

9339 LAND O'LAKES BOULEVARD
LAND O'LAKES FL 34639

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

PAMELA R. MCKINNEY, CPA

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

309 S. MAIN ST.

City

DROCKVILLE

FL

Zip Code

31601

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

Pamela R. McKinney, CPA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
JONES, WILLIAM E
9339 LAND O'LAKES BOULEVARD
LAND O'LAKES FL 34639 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
JONES, JANET
9339 LAND O'LAKES BOULEVARD
LAND O'LAKES FL 34639 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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 information empowered.

SIGNATURE:

William E. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

813-996-2177

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90225 023 ***150.00

CU063828



DO NOT WRITE IN THIS SPACE

0629720

CR2E034 (10/00)