

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000040968**

1. Entity Name

JONES PAINTING INCORPORATED**FILED****Apr 18, 2001 8:00 am**
Secretary of State

04-18-2001 90029 029 ***150.00

Principal Place of Business

**705 SPENCER DRIVE
FORT WALTON BEACH FL 32547-2303**

Mailing Address

**705 SPENCER DRIVE
FORT WALTON BEACH FL 32547-2303**

2. Principal Place of Business

PAINTING CONTRACTOR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3637869

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, VICTOR B
705 SPENCER DRIVE
FORT WALTON BEACH FL 32547-2303**

Name

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

City

FORT WALTON BEACH**FL**

Zip Code

32547

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, 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 **D** ☐ Delete
NAME **JONES, VICTOR B**
STREET ADDRESS **705 SPENCER DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547-2303**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **JONES, MYLE T**
STREET ADDRESS **705 SPENCER DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547-2303**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **FREEMAN, ALLEN S**
STREET ADDRESS **816 JONLEEN DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**TITLE ☐ Change ☒ Addition
NAME **JONES, CHRISTOPHER**
STREET ADDRESS **303 SOUTH AVENUE, UNIT #22**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 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: *Myke Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13th, 01 (850) 863 8792

Date

Daytime Phone #

CR2E034 (10/00)