2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91638 041 ***150.00

DOCUMENT # P00000058344

1. Entity Name
ORA JONES LANDSCAPING, INC.

Principal Place of Business	Mailing Address
637 SITKA COURT APOPKA FL 32703	637 SITKA COURT APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1320 Sablewood Dr.		P.O. Box 1836	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Apopka Fl		City & State: Apopka, Fl	
Zip: 32712	Country: Orange	Zip: 32704-1836	Country: Orange

4. FEI Number 59-3652622 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, ORA J JR
637 SITKA COURT
APOPKA FL 32703

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] Ora Jones Jr. 4/30/02
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, 2002 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	P JONES, JR., ORA F 637 SITKA CT APOPKA FL 32703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1320 Sablewood Dr. Apopka, FL 32704-1836	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, CHRISTY E 637 STIKA CT APOPKA FL 32703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1320 Sablewood Dr. Apopka, F 32704-1836	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 like empowered.

SIGNATURE: SIGNATURE REQ (Christy) Jones 4/30/02 (407)884-5263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)