

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90100 033 ***150.00

DOCUMENT # P00000068029

1. Entity Name

CHARLES H. JONES, INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

2141 MAIN ST. SUITE G
 DUNEDIN FL 34698

2141 MAIN ST. SUITE G
 DUNEDIN FL 34698

2. Principal Place of Business

3. Mailing Address

2401 West Bay Dr.

2401 West Bay Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 413

Suite 413

City & State

City & State

Largo, FL

Largo, FL

Zip

Country

Zip

Country

33770 Pinellas

33770 Pinellas

4. FEI Number

593681363

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, CHARLES H
 13977 SPOONBILL LANE
 CLEARWATER FL 33762**

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

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	P	<input type="checkbox"/> Delete
NAME	JONES, CHARLES H	
STREET ADDRESS	13977 SPOONBILL LANE	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	V	<input type="checkbox"/> Delete
NAME	JONES, MICHAEL C	
STREET ADDRESS	13977 SPOONBILL LANE	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JONES, LINDAY B	
STREET ADDRESS	13977 SPOONBILL LANE	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/15/01

727-585-7554

Date

Daytime Phone #

CR2E034 (10/00)