

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

0018534

**DOCUMENT # P00000084267**

1. Entity Name  
**THOMAS & JONES ENTERPRISES, INC.**

03-12-2001 90422 022 \*\*\*150.00

Principal Place of Business <b>571 SELVA LAKES CIRCLE          ATLANTIC BEACH FL 32233</b>	Mailing Address <b>571 SELVA LAKES CIRCLE          ATLANTIC BEACH FL 32233</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>571 SELVA LAKES CIRCLE</b> Suite, Apt. #, etc.	3. Mailing Address <b>571 SELVA LAKES CIRCLE</b> Suite, Apt. #, etc.
City & State <b>ATLANTIC BEACH FL.</b>	City & State <b>ATLANTIC BEACH FL.</b>
Zip <b>32233</b>	Country <b>USA</b>

4. FEI Number <b>59-3671497</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>	

6. Name and Address of Current Registered Agent  
**THOMAS, KAREN JONES  
 571 SELVA LAKES CIRCLE  
 ATLANTIC BEACH FL 32233**

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 *Karen J. Thomas* *Karen J. Thomas* 3/9/01  
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, 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	<b>D</b> <b>JONES THOMAS, KAREN</b> <b>571 SELVA LAKES CIRCLE</b> <b>ATLANTIC BEACH FL 32233</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEIL THOMAS, MARTIN</b> <b>571 SELVA LAKES CIRCLE</b> <b>ATLANTIC BEACH FL 32233</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *MARTIN NEIL THOMAS* *Martin D. Thomas* 3/9/01 904-242-2227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)