**FILED** 

05-11-2001 90084 001 \*\*\*163.75

## DOCUMENT # P00000102170

JONE FORD ENTERPRISES, INC.

Principal Place of Business

Mailing Address

PO BOX 1504

PO BOX 1504

| JUPITER FL 33468                                |                      | JUPITER FL 33468    |   |                       |                      |                 |         |                          |                      |  |
|---|----------------------|---------------------|---|-----------------------|----------------------|-----------------|---------|--------------------------|----------------------|--|
| 2. Principal Place of Business<br>601 W. Indian | town Rd.             | 3. Mailing Address  | ante  | Duan Rd               |                      |                 |         |                          |                      |  |
| Suite, Apt. #, etc.                             |                      | Suite, Apt. #, etc. |   | <del>-</del> ·        |                      | DO NOT WRITE    | IN THIS | SPACE                    |                      |  |
| City & State Jupiter F                          | lorida               | City & State        | F1  | orida                 | 4. FEI Number 65-105 | 0016            |         |                          | Applied<br>Not Appl  |  |
| 33458 C   | Untry<br>S A         | Zip<br>33458        | Count                                       | ry<br>5 <b>A</b>      | 5. Certificate of Si |                 |         | <b>\$8.75</b><br>Fee Red | Additional<br>juired |  |
| 6. Name and A                                   | Address of Current R |                     | 7. Name and Address of New Registered Agent |                       |                      |                 |         |                          |                      |  |
| SADOW, JONE F<br>301 SUMMERWINDS                | LANE                 |                     |   | Name Street Address ( | P.O. Box Number is   | Not Acceptable) |         |                          |                      |  |

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. 9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

JUPITER FL 33458

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

FL

Applied For Not Applicable

| (See criter                                      | ria on back) | Make Check Payal |         |        |         |          | le to Department of State                      |                      |                | Hust       | i una co            | _            | ', <b>'</b>       |          | luueu |            |
|--|--------------|------------------|---------|--------|---------|----------|--|----------------------|----------------|------------|---------------------|--------------|-------------------|----------|-------|------------|
| 11.  |              | С                | FFICERS | AND DI | RECTORS |          | 12.  |                      | ADDIT          | IONS/CF    | IANGES              | TO OFFI      | CERS AN           | DIREC    | TORS  |            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP            |              |                  |         |        |         | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | Pres<br>7001<br>7001 | ا<br>الک       | F. 51      | idon<br>Erm<br>1. 3 | 12<br>34:    | ; Ln.<br>58       | ☐ Cha    | inge  | Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |              | _                |         |        |         | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | Vice<br>DAVI         | SO<br>1 E<br>1 | side<br>mm | nt-<br>(att<br>ERU  | 1052<br>1061 | 05<br>5 Ln<br>345 | Cha<br>• | inge  | * Addition |
| - TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |              |                  |         |        |         | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | •                    | -              |            |                     |              |                   | □ Cha    | úđe   | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP            |              |                  |         |        |         | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                      |                |            |                     |              |                   | ☐ Cha    | nge   | Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP            |              |                  |         |        |         | ☐ Delete | THTLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                      |                |            |                     |              |                   | Cha      | nge   | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |              |                  |         |        |         | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                      |                |            |                     |              |                   | ☐ Cha    | nge   | 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 trusted amount are done to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true of the corporation or the receiver or trusted amount of the changed, or on an attackment with a supplemental report in the leavest of the changed. ther like empowered.

SIGNATURE

4 120-01 561743 5850 Date Dayline Phone #