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May 29, 2002 8:00 am
Secretary of State
05-08-2002 90139 024 ***150.00

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000002573

1. Entity Name
JONES MOTORSPORT TRANSPORTATION

87929

[redacted]

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1601-209 SAN JOSE Blvd
Suite, Apt. #, etc.
City & State: JACKSONVIlle, FL
Zip: 32257 Country: DUVAl

3. Mailing Address:
Suite, Apt. #, etc.
City & State
Zip / Country

4. FEI Number: 58-2596737 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: JONES Stephen
Street Address (P.O. Box Number is Not Acceptable): 10601-209 SAN JOSE Blvd.
City: JACKSONVIlle FL Zip Code: 32257

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. *(See criteria on back) ☒

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	DPVS JONES STEPHEN 2933 MOHER Rd POWHATAN VA 23139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, STEPHEN 2933 MOYER Rd. POWHATAN VA 23139
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CR2E034B (12/01)

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen C. Jones 4/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #