

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-06-2002 90229 007 ***150.00

DOCUMENT # P01000017352

1. Entity Name

LURA LORRAINE JONES, P.A.

Principal Place of Business

5936 SAND WEDGE LN UNIT #1603
 NAPLES FL 34110

Mailing Address

5936 SAND WEDGE LN UNIT #1603
 NAPLES FL 34110

2908 Lone Pine Lane

34119

0000044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65 1077288

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, LURA L PA

5936 SAND WEDGE LN UNIT #1603 2908 Lone Pine Lane
 NAPLES FL 34110

34119

Name

Street Address (P.O. Box Number is Not Acceptable)

2908 Lone Pine Lane

City

Naples

FL

Zip Code

34119

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-02

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
 DPVT
 JONES, LURA L
 5936 SAND WEDGE LN UNIT #1603 2908 Lone Pine Lane
 NAPLES FL 34110 34119

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 5936 SAND WEDGE LN UNIT #1603 2908 Lone Pine Lane
 NAPLES FL 34110 34119

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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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02 941-732-9300
 Date Daytime Phone #

CR2034 (9/01)