## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT # P01000080175

1. Entity Name

JONES & JAMES SERVICES, INC.



## FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90305 011 \*\*\*150.00

				900 WE 19	-					
Principal Place of Business 8901 ADAMS AVE. JACKSONVILLE FL 32208		Mailing Address 8901 ADAMS AVI JACKSONVILLE F	<b>Ξ.</b>			1 (13/1314) // 10/13 //				
2. Principal	Place of Business	3. Mailing Address							<b>1188</b> 1 888 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta	ate	City & State			4. FEI Number 59-3739648		39648	-	oplied For ot Applicable	
Zip	Country	Zip	Cou	ntry	5.	Certificate of Status D	Desired F	<b>8.75</b> Ad ee Require		
·	6. Name and Address of Current	t Registered Agent		·	7.	Name and Address of	of New Registered A	gent		
•				Name						
JONES, VERMEL										
8901 ADAMS AVE.				Street Add	ress (P.O.	P.O. Box Number is Not Acceptable)				
JACKSON	NVILLE FL 32208									
				City			FL	Zip Cod	e	
8. The above	e named entity submits this statement for	or the purpose of char	naina its reaiste	red office or re	gistered a	agent or both in the Sta	ate of Florida . Lam fa	niliar with	and accent	
the obliga	ations of registered agent.		.55		9.0.0.00		2.00		and accopt	
		•								
SIGNATURE				•						
	Signature, typed or printed name of registered agent	t and title if applicable.	(NOTE: Register	ed Agent signature r	equired when	reinstating)	. DATE			
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution:  Added to Fees				
маке спес	k Payable to Florida Department of	or State				-				
10.	OFFICERS AND	DIRECTORS	· 11.		А	ADDITIONS/CHANGES	TO OFFICERS AND D	DIRECTOR	S IN 11	
TITLE	D	☐ Del	ete TITI	LE				Change	☐ Addition	
NAME	JONES, VERMEL		NAM	ME SN					<del></del>	
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/83 Date

Daytime Phone #