

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90138 024 \*\*\*150.00

**DOCUMENT # P01000115673**

1. Entity Name  
**DAVID JONES, INC.**



Principal Place of Business  
**637 PINELLAS BAYWAY #310**  
**TIERRA VERDE FL 33715**

Mailing Address  
**637 PINELLAS BAYWAY #310**  
**TIERRA VERDE FL 33715**



2. Principal Place of Business

**924 LANDMARK CIR. S.**  
Suite, Apt. #, etc.

3. Mailing Address

**924 LANDMARK CIR. S.**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**TIERRA VERDE, FL.**

City & State  
**TIERRA VERDE, FL.**

4. FEI Number **59-3760419**

Applied For  
Not Applicable

Zip **33715**

Country **PINELLAS**

Zip **33715**

Country **PINELLAS**

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, DAVID**  
**637 PINELLAS BAYWAY #310**  
**TIERRA VERDE FL 33715**

Name **JONES, DAVID**

Street Address (P.O. Box Number Is Not Acceptable)  
**924 LANDMARK CIR. S.**

City **TIERRA VERDE**

**FL**

Zip Code **33715**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **David M. Jones, Pres.**

**04/10/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, DAVID 637 PINELLAS BAYWAY #310 TIERRA VERDE FL 33715	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JONES, RENE 637 PINELLAS BAYWAY #310 TIERRA VERDE FL 33715	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, DAVID 924 LANDMARK CIR. S. TIERRA VERDE, FL. 33715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JONES, RENE 924 LANDMARK CIR. S. TIERRA VERDE, FL. 33715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/10/03**  
**727-803-8150**  
**727-865-2245**

Date

Daytime Phone

CR2E034 (10/02)