

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90015 029 ***150.00

DOCUMENT # P01000120098

1. Entity Name

ALEXANDER S. JONES, P.A.



Principal Place of Business

27032 S. DIXIE HWY
NARANJA FL 33032

Mailing Address

1504 NORTHWEST 20TH STREET
HOMESTEAD FL 33030

J4066031



MOORE

CR2E034 (11/03)

2. Principal Place of Business

27032 S. Dixie Hwy

3. Mailing Address

Suite, Apt. #, etc.

City & State

NARANJA

City & State

Zip

Country

USA

Zip

Country

4. FEI Number

65-1159990

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
27032 S. DIXIE HWY
NARANJA FL 33032

7. Name and Address of New Registered Agent

Name ALEXANDER JONES

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

1504 NW 20th Street

City Homestead

FL

Zip Code 33030

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

Alexander S Jones

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

(NOTE: Registered Agent signature required when reinstating)

3/23/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME JONES, ALEXANDER S
STREET ADDRESS 1504 NORTHWEST 20TH STREET
CITY-ST-ZIP HOMESTEAD FL 33030-2809

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

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:

Alexander S Jones, Pres.

3/23/04

305 245-3376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #