

FILED
May 19, 2003 8:00 am
Secretary of State

04-11-2003 90191 013 ***150.00
04-25-2003 90272 021 *****8.75

4/1

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000001544			
1. Entity Name JON, INC.			
Principal Place of Business 508 DELAND INDIAN LAKE ESTATES FL 33855		Mailing Address PO BOX 7741 INDIAN LAKE ESTATES FL 33855	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent		4. FEI Number 01-055-6679	
GRAHAM, JON L 508 DELAND INDIAN LAKE ESTATES FL 33855		Applied For Not Applicable	
5. Certificate of Status Desired		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of New Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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 <i>Jon L. Graham</i> - President Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-registering)		DATE 05-07-03	
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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change 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 <i>Jon L. Graham - Pres.</i> 863-692-9328 Signature and typed or printed name of signing officer or director Date Daytime Phone #	

05-07-03

CFR0304 (10/02)