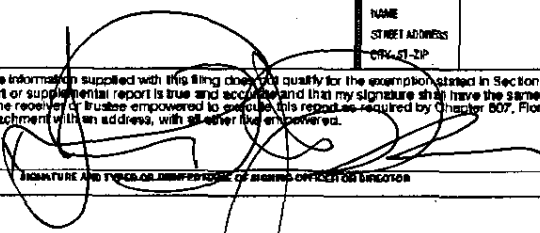


FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90047 013 ***150.00

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

DOCUMENT # P02000003637			
1. Entity Name DOUG JONES AND COMPANY, INC.			
Principal Place of Business 800 SE 2ND STREET SUITE N FORT LAUDERDALE, FL 33301		Mailing Address 800 SE 2ND STREET SUITE N FORT LAUDERDALE, FL 33301	
2. Principal Place of Business 21 NW 5th Street		3. Mailing Address 21 NW 5th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Lauderdale FL		City & State Ft. Lauderdale FL	
Zip 33301		Country Broward	
4. FE Number 95-4893235		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KOPELOWITZ, BRIAN ESQ 350 E LAS OLAS BLVD SUITE 1440 FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Signature, typed or printed name of my personal agent and wife if applicable. (NOTE: Registered Agent's signature required when necessary.) DATE			
		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-STATE-ZIP	DPVS JONES, DOUG 800 SE 2ND STREET SUITE N FORT LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T JONES, DOUG 800 SE 2ND STREET SUITE N FORT LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 807, 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 fees empowered.			
SIGNATURE: 		Date 4/17/03	Corporate Phone # 954-462-6760

90100724



☐ CHECK HERE IF MAKING CHANGES

042003 (10/02)