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.

90100724

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		3. Mailing Address	
21 NW 5th Street		21 NW 5th St.	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State: Ft. Lauderdale Fl		City & State: Ft Lauderdale Fl	
Zip: 33301	Country: Broward	Zip: 33301	Country: Broward

☐ CHECK HERE IF MAKING CHANGES

4. FEI 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	DPVS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JONES, DOUG		NAME	
STREET ADDRESS	800 SE 2ND STREET SUITE N		STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JONES, DOUG		NAME	
STREET ADDRESS	800 SE 2ND STREET SUITE N		STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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: ______ 4/17/03 954-462-6760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #