

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

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90063 004 ***150.00

DOCUMENT # *P02000036246*

1. Entity Name

T. + B. JONES, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4724 OVERLOOK DR. NE

3. Mailing Address

4724 OVERLOOK DR. NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ST. PETERSBURG

City & State

FL

City & State

ST. PETERSBURG, FL

Zip

33703

Country

USA

Zip

33703

Country

USA

4. FEI Number

04-3642593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

THOMAS R. JONES

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

4724 OVERLOOK DR. NE

City

ST. PETERSBURG

FL

Zip Code

33703

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *PRESIDENT*
NAME *JONES, THOMAS R.*
STREET ADDRESS *4724 OVERLOOK DR. NE*
CITY-ST-ZIP *ST. PETERSBURG, FL 33703*

TITLE *VICE PRESIDENT*
NAME *JONES, BARBARA J.*
STREET ADDRESS *4724 OVERLOOK DR. NE.*
CITY-ST-ZIP *ST. PETERSBURG, FL 33703*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas R Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 26, 2003 727-527-7758
Date Daytime Phone #

CR2E034B (12/02)