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

## **FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91526 027 \*\*\*150.00

DOCUMENT # PO2000074705	
J. W. JONES PRINTING, INC. V	

Í.	. W. JONES PAIN	ving, INC.					
	DO NOT WRITE	IN THIS SE	PACE	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			
	Place of Business APULPA RO. J.W. . #, etc.	3. Mailing Address 1351 SAPULPA RO. J. W. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Star	Bay FL	PALM BAY	FN	4. FEI Number	D'1899	Applied For Not Applicable	
3290	8 BREVARD	32908	BREVARD	5. Certificate of State	us Desired	\$8.75 Additional Fee Required	
	DO NOT W IN THIS SP	RITE	Street Addre	7. Name and Address SSE D. Jones ass (B.O. Box Number is Not SAPULPA T	s of Current Registered  S _ I Acceptable \( \)	1 Agent	
Theode			* S 1 1 - 1 - 1	m Bay	FL	32908	
the obliga	e named entity submits this statement fo tions of registered agent.  Specially ped or printed have of register dispent a future of the control of the contro		SSE W TO I	- -	# State of Florida, 1 am is	,	
Make Check	After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	Design Service Control of the Contro			ampaign Financing Contribution.	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND  JP JESSE W. JONE  1851 SAPULPA  PALMBAY, FL	RD 5W	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	155 ANDREA T. JON 1351 SAPULPA PALM BAY	1E8 RO. S.W. EL 32908	TITLE NAME SIREET ADDRESS CITY_ST_ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		TITLE NAME STREET ADDRESS CITY-SI-ZIP	DO I	NOT WRI	TE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	IN T	HIS SPAC	SE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CHY-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 on an attachment with an address, with all other like empowered.

SIGNATURE .\_\_

ATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR