

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90121 028 \*\*\*150.00

**DOCUMENT # P02000098675**

1. Entity Name  
**JONES TILE, INC.**



Principal Place of Business  
**2110 SOUTHWEST FOURTH AVENUE  
OCALA DL 34474**

Mailing Address  
**POST OFFICE BOX 6531  
OCALA FL 34478**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**OCALA, FL 34474**

City & State

4. FEI Number  
**03-0506564**

Applied For  
☐ Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

Name  
**PRENTISS SCOTT JONES**

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

**2110 SOUTHWEST FOURTH AVENUE**

City  
**OCALA**

FL

Zip Code  
**34474**

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 **Prentiss S Jones**  
Signature, typed or printed name of registered agent and title if applicable.

**President**  
(NOTE: Registered Agent signature required when reinstating)

**3-25-03**  
DATE

**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  
**PD  
SCOTT, PRENTISS A  
2110 SOUTHWEST FOURTH AVENUE  
OCALA DL 34474** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
JONES, PRENTISS SCOTT  
2110 SOUTHWEST FOURTH AVE.  
OCALA, FL 34474** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
JONES, MARIANNE  
2110 SOUTHWEST FOURTH AVENUE  
OCALA DL 34474** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**OCALA, FL 34474** ☒ Change ☐ Addition

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☐ 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/25/03**  
Date

**352-671-6717**  
Daytime Phone #

CR02E034 (10/02)