

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

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

03-31-2003 90196 005 \*\*\*150.00

**DOCUMENT # P02000105938**



**1. Entity Name**  
**JONES SHUTTERS & AWNINGS CORPORATION**

**Principal Place of Business**  
**127 N.W. 16TH STREET**  
**POMPANO BEACH FL 33060**

**Mailing Address**  
**127 N.W. 16TH STREET**  
**POMPANO BEACH FL 33060**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

☒ **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**

**JONES, BRADLEY**  
**127 N.W. 16TH STREET**  
**POMPANO BEACH FL 33060**

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

**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	PD	<input type="checkbox"/> Delete
NAME	JONES, BRADLEY	
STREET ADDRESS	127 N.W. 16TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JONES, BARRY	
STREET ADDRESS	127 N.W. 16TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JONES, BARBARA	
STREET ADDRESS	127 N.W. 16TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sec. / Treas.**

**3/26/03**

**954 784 6966**

Date

Daytime Phone #

CR2E034 (10/02)