

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 14, 2003 8:00 am
Secretary of State

1/1

01-17-2003 90120 016 ***150.00

DOCUMENT # P02000119021

1. Entity Name
DAVID JONES AND ASSOCIATES, INC.



Principal Place of Business
**4501 TAMiami TRAIL #419
NAPLES FL 34103**

Mailing Address
**4501 TAMiami TRAIL #419
NAPLES FL 34103**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number: **06-1661752**

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

**KELLEY, CHARLES M JR
2840 GOLDEN GATE PKWY STE 305
NAPLES FL 34119**

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 _____ (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

TITLE NAME	<input type="checkbox"/> Delete
D JONES, DAVID M	
STREET ADDRESS	4501 TAMiami TRAIL #419
CITY-ST-ZIP	NAPLES FL 34103
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **1/14/03 239649760**

DATE Daytime Phone #

CR2E034 (10/02)