

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90256 037 ***150.00

0546325 - AV

DOCUMENT # P02000122424

1. Entity Name
JONES - MOORE CONSTRUCTION, INC.



Principal Place of Business
**8433 ENTERPRISE CIRCLE
SUITE 200
BRADENTON, FL 34202**

Mailing Address
**8433 ENTERPRISE CIRCLE
SUITE 200
BRADENTON, FL 34202**

2. Principal Place of Business
4147 TEE ROAD
Suite, Apt. #, etc.

3. Mailing Address
4147 TEE ROAD
Suite, Apt. #, etc.

City & State
SARASOTA, FLORIDA
Zip
34235 Country
USA

City & State
SARASOTA, FLORIDA
Zip
34235 Country
USA

4. FEI Number ☒ Applied For
☒ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GRONER, RICHARD W
8433 ENTERPRISE CIRCLE
SUITE 200
BRADENTON FL 34202**

7. Name and Address of New Registered Agent

Name
DAMON N. JONES
Street Address (P.O. Box Number is Not Acceptable)
4147 TEE ROAD
City
SARASOTA FL Zip Code
34235

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 **Damon N. Jones** **DAMON N. JONES, PRESIDENT JONES-MOORE CONSTRUCTION, INC 4-24-03**
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

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, DAMON	
STREET ADDRESS	4147 TEE ROAD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, EDWARD	
STREET ADDRESS	1412 FALLS OF VENICE CIRCLE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Damon N. Jones** **DAMON N. JONES PRES 4-24-03 941-374-2768**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1. Date Daytime Phone #

CR2E034 (10/02)