


FILED  
Jun 02, 2003 8:00 am  
Secretary of State

06-02-2003 90202 031 \*\*\*150.00

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

DOCUMENT # <u>P02000134589</u>	
1. Entity Name <u>M.L. JONES ENTERPRISES INC</u>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>10774 SEA CLIFF DR.</u> Suite, Apt. #, etc.	3. Mailing Address <u>10774 SEA CLIFF DR.</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>BOCA RATON FL</u>	City & State <u>BOCA RATON FL</u>	4. FEI Number <u>54-2092650</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33498</u>	Country <u>USA</u>	Zip <u>33498</u>	Country <u>USA</u>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			

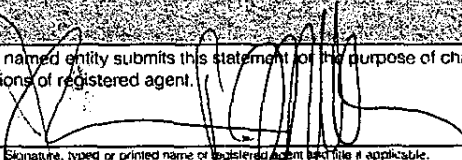
**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <u>MILLER, JOHN P.</u>
Street Address (P.O. Box Number is Not Acceptable) <u>2499 GLADES RD STE 305A</u>
City <u>BOCA RATON</u>
State <u>FL</u>
Zip Code <u>33431</u>

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



JOHN P. MILLER

5-29-03

Signature, typed or printed name of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

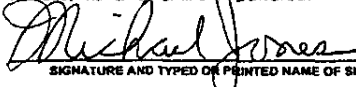
9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PD</u> <u>JONES, LORRAINE</u> <u>10774 SEA CLIFF DR</u> <u>BOCA RATON FL 33498</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VD</u> <u>JONES, MICHAEL</u> <u>10774 SEA CLIFF DR</u> <u>BOCA RATON FL 33498</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:

 MICHAEL JONES

5-29-03 561-445-4817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034B (12/02)