

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14099

1. Entity Name

JONES TRACTOR AND EQUIPMENT COMPANY, INC.



FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90146 004 ***150.00

0146561 AB

Principal Place of Business
U.S. 19 SOUTH
THOMASVILLE GA 31792

Mailing Address
P.O. BOX 7690
THOMASVILLE GA 31758



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-1198697

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

7. Name and Address of New Registered Agent

JONES, E. EARL
7027 GRENVILLE RD.
TALLAHASSEE FL 32309

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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	VS	<input type="checkbox"/> Delete
NAME	JONES, THOMAS S JR	
STREET ADDRESS	1792 GATLIN CREEK RD.	
CITY-ST-ZIP	THOMASVILLE GA 31757	
TITLE	PC	<input type="checkbox"/> Delete
NAME	JONES, KIM B	
STREET ADDRESS	10050 U.S. 19 SOUTH	
CITY-ST-ZIP	THOMASVILLE GA 31757	
TITLE	VT	<input type="checkbox"/> Delete
NAME	JONES, EDWIN E	
STREET ADDRESS	7027 GRENVILLE RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, THOMAS S JR	
STREET ADDRESS	1127 BOLD SPRING ROAD	
CITY-ST-ZIP	CAIRO GA 39828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 another like empowered.

SIGNATURE:

THOMAS S JONES JR
THOMAS S JONES JR, CORP SECRETARY

7/17/2003

229-226-4881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)



Attachment
90147836
P14099

Jones Tractor & Equipment Co., Inc.

P. O. Box 7690 12793 U. S. Hwy 19 South

Thomasville, GA 31758

Phone (229) 226-4881 Fax (229) 228-1239

e-mail - jtc1384@jonest tractor.com or jtc@jonest tractor.com

17 July 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: Attached filing

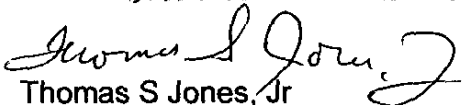
To whom it may concern:

This form, noting a \$550.00 penalty for late filing, is the first notice we have received regarding this filing.

I feel that we should not have to pay the late fee since we had no prior notice. I therefore request that you waive the penalty.

Enclosed is the form UBR, Document no. P14099 and our check for \$150.00. If this request to waive the penalty, please notify me.

Sincerely,


Thomas S Jones, Jr
Corporate Secretary