

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23375

1. Entity Name

J.A. JONES MANAGEMENT SERVICES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90007 044 ***150.00

Principal Place of Business	Mailing Address
6135 PARK SOUTH DRIVE SUITE 250 CHARLOTTE NC 28210 US	6135 PARK SOUTH DRIVE SUITE 250 CHARLOTTE NC 28210-3264 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	56-1243834	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	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.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEFFGEN, ALFRED V.	NAME	
STREET ADDRESS	6135 PARK SOUTH DRIVE, SUITE 250	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28210	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, BETTY J.	NAME	
STREET ADDRESS	6135 PARK SOUTH DRIVE, SUITE 250	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28210	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATKINS, THOMAS L.	NAME	Asst. Treasurer
STREET ADDRESS	6135 PARK SOUTH DRIVE, SUITE 250	STREET ADDRESS	Theodore A. Unruh
CITY-ST-ZIP	CHARLOTTE NC 28210	CITY-ST-ZIP	6135 Park South Drive, Suite 250
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLEWOOD, MARK H	NAME	
STREET ADDRESS	6135 PARK SOUTH DRIVE, SUITE 250	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28210	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, LARRY DALE	NAME	
STREET ADDRESS	6135 PARK SOUTH DRIVE, SUITE 250	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28210	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, JOE T	NAME	
STREET ADDRESS	6135 PARK SOUTH DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28210	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	04/19/00	704-553-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Theodore A. Unruh	Date	Daytime Phone #

CR2E034 (9/99)