

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37336

1. Entity Name

J.A. JONES CONSTRUCTION SERVICES COMPANY

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90192 007 ***150.00

Principal Place of Business

Mailing Address

6135 PARK SOUTH DRIVE, STE. 325
 CHARLOTTE NC 28210
 US

6135 PARK SOUTH DRIVE, STE. 325
 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

4. FEI Number

62-1047209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

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. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	NEFFGEN, ALFRED V	
STREET ADDRESS	6135 PARK SOUTH DRIVE, STE. 325	
CITY-ST-ZIP	CHARLOTTE NC 28210	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KUBAL, MICHAEL T	
STREET ADDRESS	6135 PARK SOUTH DRIVE, STE. 325	
CITY-ST-ZIP	CHARLOTTE NC 28210	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHWEIKERT, DAVID H	
STREET ADDRESS	6135 PARK SOUTH DRIVE, STE. 325	
CITY-ST-ZIP	CHARLOTTE NC 28210	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WATKINS, THOMAS L	
STREET ADDRESS	6135 PARK SOUTH DRIVE, STE. 325	
CITY-ST-ZIP	CHARLOTTE NC 28210	
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"/> 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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 704-553-3696
 Date Daytime Phone #

CF21 (01-01-00)