

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000015305

1. Entity Name

JONES BUS SERVICE INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90130 043 \*\*\*150.00

Principal Place of Business

Mailing Address

~~530 BAYRIDGE ROAD~~  
JACKSONVILLE FL 32216

~~530 BAYRIDGE ROAD~~  
JACKSONVILLE FL 32216-1319

2. Principal Place of Business

6918 Tonga DR

3. Mailing Address

6918 Tonga DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JAX FL

City & State

JAX FL

Zip

Country

32216

DUVAL

Zip

Country

32216

DUVAL

6. Name and Address of Current Registered Agent

JONES, TERRY  
~~530 BAYRIDGE ROAD~~  
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6918 Tonga Dr.

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

TITLE NAME ☐ Delete

PST  
JONES, TERRY L.  
~~530 BAY RIDGE RD~~  
JACKSONVILLE FL

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition

6918 Tonga Dr.

TITLE NAME ☐ Change ☐ Addition

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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00  
Date

Daytime Phone #

CR2E034 (9/99)