

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90001 031 \*\*\*150.00

0069918

**DOCUMENT # P94000060549**

1. Entity Name  
**TOM JONES REALTY, INC.**

Principal Place of Business <del>4263</del> MIDDLEBROOK LANE ORLANDO FL 32812 <b>4257</b>	Mailing Address 4263 MIDDLEBROOK LANE ORLANDO FL 32812 <b>4257</b>
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**654119**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4257 Middlebrook Lane</b>	3. Mailing Address <b>4257 . . .</b>
Suite, Apt. #, etc. <b>#</b>	Suite, Apt. #, etc.
City & State <b>ORLANDO FL</b>	City & State
Zip <b>32812</b>	Country <b>USA</b>

4. FEI Number <b>65-0518466</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, THOMAS R**  
~~4263 MIDDLEBROOK LN~~  
~~ORLANDO FL 32828~~

**4257 Middlebrook Lane**  
**ORLANDO, FL 32812**

7. Name and Address of New Registered Agent

Name: **Same**

Street Address (P.O. Box Number is Not Acceptable):  
**4257 MIDDLEBROOK LANE**

City: **ORLANDO FL 32812 FL** Zip Code: **32812**

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: *Thomas R. Jones* DATE: 4/27/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JONES, THOMAS R</b> <b>712 BRITTANY LAKES LN #312</b> <b>ORLANDO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JONES, THOMAS R</b> <b>4263 MIDDLEBROOK LN</b> <b>ORLANDO FL 32812</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas R. Jones* DATE: 4/27/01 DAYTIME PHONE #: 407 694 3645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)