

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90012 012 ***150.00

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DOCUMENT # P94000092845

1. Entity Name

JONES & JONES HOMES, INC.

Principal Place of Business

**505 SIMMONS AVE.
 SARASOTA FL 34232
 US**

Mailing Address

**505 SIMMONS AVE.
 SARASOTA FL 34232
 US**

2. Principal Place of Business

1731 Lake Heron Drive
 Suite, Apt. #, etc.

3. Mailing Address

1731 Lake Heron Drive
 Suite, Apt. #, etc.

City & State

Lutz, Fl 33549-9041

City & State

Lutz, Fl 33549-9041

4. FEI Number

65-0542664

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JONES, R. MARSHALL
 1731 LAKE HERON DR
 LUTZ FL 33549-9041**

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, 2002 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 ☐ Delete
 NAME **DPT**
 STREET ADDRESS **JONES, R. MARSHALL**
 CITY-ST-ZIP **1731 LAKE HERON DR**
LUTZ FL 33549-9041

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DVS**
 STREET ADDRESS **JONES, FRANCES B**
 CITY-ST-ZIP **1731 LAKE HERON DR**
LUTZ FL 33549-9041

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Frances B Jones* **FRANCES B JONES, Secretary** 3/8/02 813 909-0739
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)