

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045589

1. Entity Name

JONES & JONES INSURANCE, INC.

FILED

Apr 17, 2000 8:00 am  
Secretary of State

04-17-2000 90030 003 \*\*\*150.00

Principal Place of Business

Mailing Address

3401 BONITA BEACH RD., SUITE 111  
BONITA SPRINGS FL 34134

3401 BONITA BEACH RD., SUITE 111  
BONITA SPRINGS FL 34134-4156

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0673564

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

ARAUJO, BRENDA  
3401 BONITA BEACH RD., SUITE 111  
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name Ridge Jones

Street Address (P.O. Box Number is Not Acceptable)  
3401 BONITA BEACH RD

Suite 111

City Bonita Springs

FL

Zip Code 34134

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

4-4-2000

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 PSTD  
NAME ARAUJO, BRENDA  
STREET ADDRESS 3401 BONITA BEACH ROAD, SUITE 111  
CITY-ST-ZIP BONITA SPRINGS FL 34134

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME Ridge Jones  
STREET ADDRESS 3401 BONITA BEACH RD #111  
CITY-ST-ZIP BONITA SPRINGS FL 34134

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-2000 941-498647

CR2E034 (9/99)