

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90165 045 ***150.00

DOCUMENT # P96000045589

1. Entity Name
JONES & JONES INSURANCE, INC.

Principal Place of Business
3401 BONITA BEACH RD., SUITE 111
BONITA SPRINGS FL 34134

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3690 Bonita Beach Rd

3. Mailing Address
3690 Bonita Beach Rd

Suite, Apt. #, etc.
Suite C

Suite, Apt. #, etc.
Suite C

City & State
Bonita Springs, FL

City & State
Bonita Springs FL

Zip
34134

Country
Lee

Zip
34134

Country
Lee

4. FEI Number **65-0673564**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JONES, RIDGE
3401 BONITA BEACH BLVD
STE 111
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3690 Bonita Beach Rd
Suite C
City & State
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 Ridge Jones, President 1-14-02
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

TITLE **PSTD** ☐ **Delete**
NAME **JONES, RIDGE**
STREET ADDRESS **3401 BONITA BEACH ROAD, SUITE 111**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ **Change** ☐ **Addition**
TITLE
NAME **3690 Bonita Beach Rd Suite C**
STREET ADDRESS **Bonita Springs FL 34134**
CITY-ST-ZIP

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

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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: Ridge Jones, President 1-14-02 9414986499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)