04/28/2003 13:52 9413696974 J.NATHAN STOUT

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90165 036 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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~~

2. Principal Place of Business: 3690 Bonita Beach RD
Suite, Apt. #, etc.: C
City & State: Bonita Springs
Zip: 34134 Country: Lee

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State: FL
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0673584 — 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
Ste C.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature], President 4-28-03
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD JONES, RIDGE ~~3401~~ BONITA BEACH ROAD, ~~SUITE 111~~ BONITA SPRINGS, FL 34134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-28-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)