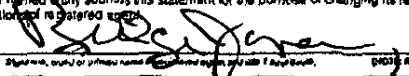
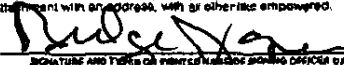


FILED
Apr 30, 2003 8:00 am
Secretary of State

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-		3. Mailing Address 3690 Bonita Beach Rd Suite, Apt. #, etc. -C-	
City & State Bonita Springs FL		City & State Bonita Springs FL	
Zip 34134		Zip 34134	
Country USA		Country USA	
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 3690 Bonita Beach Rd STE C. Bonita Springs FL 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 obligation of, the registered agent.			
SIGNATURE 		DATE 4-28-03	
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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	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	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)(c), 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or otherwise empowered.			
SIGNATURE: 		DATE: 4-28-03	

CHS-004 (10/02)