2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600053640

1. Entity Name

JONES LAWN AND LANDSCAPE, INCORPORATED

Principal Place of Business

Mailing Address

14506 FARM HILLS PLACE TAMPA FL 33625

14506 FARM HILLS PLACE TAMPA FL 33625

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90397 032 ***150.00

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2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State				
				DO NOT WRITE IN THIS SPACE		
				4. FEI Number 59-3390930 Applied For Not Applied		
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
JONES, JACK C 14506 FARM HILLS PLACE TAMPA FL 33625			Name	The same of the sa		
			Street Add	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 it	s registered office or re	egistered agent, or both, in the State of Florida.		
SIGNATURE						
J.G. W. TONE	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered Agent signature	required when reinstating) DATE		
O This corp.	eretion is eligible to estate the lateratible	EN E NOW	/!!! FEE IS \$150.00			
	oration is eligible to satisfy its Intangible requirement and elects to do so.			to no 10. Election Campaign Financing \$5.00 May Be		
_	ria on back)		001 Fee will be \$550 ble to Department o	Trust Fund Contribution Added to Fees		
11	OFFICERS AND I		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	JONES, JACK C		NAME			
STREET ADDRESS	14506 FARM HILLS PLACE		STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33625		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	Change Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			

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: