

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91069 014 ***150.00

DOCUMENT # P96000087484

1. Entity Name
R.K. JONES ASSOCIATES, INC.



Principal Place of Business
1550 NE OCEAN BLVD.

A103
STUART FL 34996
US

Mailing Address
1550 NE OCEAN BLVD.

A103
STUART FL 34996
US

2. Principal Place of Business **COURT**
3602 SE FAIRWAY DR
Suite, Apt. #, etc.

3. Mailing Address **COURT**
3602 SE FAIRWAY DR.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
STUART FL

Zip
34997

Country
MARTIN

City & State
STUART, FL

Zip
34997

Country
MARTIN

4. FEI Number
65-0705959

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, R K
1550 NE OCEAN BLVD.
A103
STUART FL 34996

7. Name and Address of New Registered Agent

Name **COURT**
Street Address (P.O. Box Number is Not Acceptable)
3602 SE FAIRWAY DR
City **STUART** FL Zip Code **34997**

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
3 - 13 - 03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P			
	JONES, R.K.	1550 NE OCEAN BLVD. A103	STUART FL 34996	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	COURT	3602 SE FAIRWAY DR.	STUART FL 34997	

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 the address, with all other like employees.

SIGNATURE: *[Signature]*
3602 SE COURT DR
STUART, FL 34997

Date

Daytime Phone #

CR2E034 (10/02)