

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

FILED

03 AUG 18 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000028913



1. Entity Name  
**JONVAL, INC.**

Principal Place of Business: 2000 PRINCIPAL LANE, APT 203, FORT WALTON BEACH, FL 32547 US  
Mailing Address: 2000 PRINCIPAL LANE, APT 203, FORT WALTON BEACH, FL 32547 US

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country



CHECK HERE IF MAKING CHANGES

4. FEI Number: **59-3439642**  
Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**SHORTALL, JOHN L JR.  
2000 PRINCIPAL LANE  
FORT WALTON BEACH, FL 32547**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
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 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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE: \_\_\_\_\_

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | DVT                         | <input type="checkbox"/> Delete |
| NAME           | SHORTALL, JOHN L JR.        |                                 |
| STREET ADDRESS | 2000 PRINCIPAL LANE         |                                 |
| CITY-ST-ZIP    | FORT WALTON BEACH, FL 32547 |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
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| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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08/18/03--01022--006 \*\*150.00

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] 8/13/03  
DATE: 8/13/03

CR2E034 (10/02)

21 8/15



Saltmarsh, Cleaveland & Gund  
Certified Public Accountants  
and Consultants  
Since 1944

Fort Walton Beach, FL 32548

August 13, 2003

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Jonval, Inc.  
59-3439642  
Uniform Business Report  
2003

Ladies & Gentlemen:

Please find enclosed the 2003 For Profit Corporation Uniform Business Report for Jonval, Inc. Mr. John L. Shortall, Jr., the sole stockholder and officer of the corporation has been very ill during 2003 and just recently returned to assisted living facilities after an extended stay in the hospital. He was going through all the paperwork that had accumulated during his illness and he discovered the UBR for 2003 had not been filed. Due to the unusual circumstances and the illness of the taxpayer, we respectfully request the penalty for late filing of the report be abated.

A check in the amount of \$150.00 in payment of the annual fee is enclosed. Thank you for your consideration of this request.

Sincerely,

Kathleen Aronson, CPA  
for John L. Shortall, Jr.

Enclosures

COPY: Mr. John L. Shortall, Jr.

900 North 12th Avenue  
P.O. Drawer 13207  
Pensacola, Florida 32591-3207  
(850) 435-8300  
FAX: (850) 435-8352

11490 Emerald Coast Parkway  
Suite 205, Box 9  
Destin, Florida 32550  
(850) 650-0868  
FAX: (850) 650-4868

34 Walter Martin Road  
P.O. Box 848  
Fort Walton Beach, Florida 32549-0848  
(850) 243-6713  
FAX: (850) 243-4137

501 West 19th Street  
P.O. Box 1100  
Panama City, Florida 32402-1100  
(850) 769-9491  
FAX: (850) 785-9590

Florida Institute of  
Certified Public Accountants

Alabama Society of  
Certified Public Accountants

American Institute of  
Certified Public Accountants

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Practice Section

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