

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90163 047 \*\*\*150.00

**DOCUMENT # P97000031613**

1. Entity Name

KATHY JONES & ASSOCIATES, INC.



Principal Place of Business

2045 US 1  
VERO BEACH FL 32960

Mailing Address

2045 US 1  
VERO BEACH FL 32960

2. Principal Place of Business

2045 US Hwy 1  
Suite, Apt. #, etc.

3. Mailing Address

2045 US Hwy 1  
Suite, Apt. #, etc.

City & State

VERO Beach, FL

City & State

VERO Beach, FL

Zip

32960

Country

Ind. River

Zip

32960

Country

Ind. River

4. FEI Number

65-0756616

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

IERNA, PAUL

2045 US 1

VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

Kathy L. Jones

Street Address (P.O. Box Number is Not Acceptable)

2045 US Hwy 1

City

VERO Beach

FL

Zip Code

32960

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

*Kathy L. Jones*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/03

**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 checked="" type="checkbox"/> Delete
PDT	IERNA, PAUL	2045 US 1	VERO BEACH FL 32960	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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:**

*Kathy L. Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03 772-822-0010

Date

Daytime Phone #