

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048887

1. Entity Name

JONES ROOFING, INC.

Principal Place of Business

6516 HUNTER STREET  
MILTON FL 32570

Mailing Address

127 E ZARAGOZA ST  
SUITE 206  
PENSACOLA FL 32501  
US

2. Principal Place of Business

3. Mailing Address

2620 N 12th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Pensacola FL

Zip

Zip

32503

Country

Country

USA

6. Name and Address of Current Registered Agent

4. FEI Number

65-0763807

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional

Fee Required

7. Name and Address of New Registered Agent

BASS & SANDFORT ACCOUNTANTS  
127 E ZARAGOZA ST SUITE 206  
PENSACOLA FL 32501Name  
Bass and Sandfort Accountants  
2620 N 12th Ave.  
Pensacola FL 32503

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP500005449845-  
-05/03/02-01044-024  
\*\*\*\*150.00 \*\*\*\*150.00TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CR2E034 (10/09)

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

\$ 150 -  
FILED

02 APR 16 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

000136