

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068783

1. Entity Name

LES JONES ENTERPRISES, INC.

Principal Place of Business

13811 US HIGHWAY 98 BYPASS
DADE CITY FL 33525

Mailing Address

P. O. BOX 246
HAINES CITY FL 33845
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3464501

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, LES
39 N 6TH ST
HAINES CITY FL 33844

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.

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 State

10. 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	D	<input type="checkbox"/> Delete
NAME	JONES, LES	
STREET ADDRESS	39 N 6TH ST	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JEAN	
STREET ADDRESS	39 N 6TH ST	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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-10/23/01--01044-011
****150.00 ****150.00

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.

SIGNATURE:

LES JONES

9/5/01 863 422 3848

Date

Daytime Phone #

CR2E034 (10/00)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 10 AM 9:51



DO NOT WRITE IN THIS SPACE

ACTION
ETING
320.

-2-

P.O. Box 246
Haines City, Fl. 33844
Les Jones

09/26/01

Florida Department of Revenue
Division of Corporations
Tallahassee, Fl. 32413

To whom it may concern:

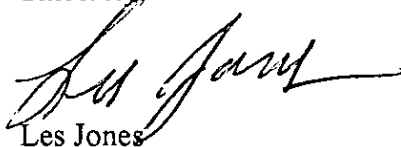
This letter is to request forgiveness of the late penalties for my three corporations. I did not receive the forms until September when they were found in my office. I had surgery In March of 2001 and did not see forms until September.

I have always filed and paid these fees timely and will continue in the future. It is my belief that the above is a valid legal reason for the abatement of these fees. I will be out Of the country from October 1st until October 15, 2001 if you do not agree with my belief I will appreciate your abatement of late fees and postponement and dissolution/revocation at least until the 25th of October 2001 allowing time for settlement.

I have enclosed a check for four hundred for each corporation. I will appreciate your refunding these late fees as soon as you can determine that these fees are not applicable.

Thank you for your consideration.

Sincerely,


Les Jones