

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90064 016 ***150.00

DOCUMENT # P98000015655

1. Entity Name

R.M. JONES TPS SERVICES, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9020 CALWOOD COURT

3. Mailing Address
717 E OAK STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
KISSIMMEE, FL

4. FEI Number
59-3493597

Applied For
Not Applicable

Zip 32825 Country USA

Zip 34744 Country USA

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

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IN THIS SPACE**

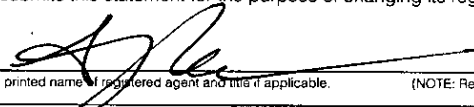
7. Name and Address of Current Registered Agent

Name
BAUMRUK, ANDY J

Street Address (P.O. Box Number is Not Acceptable)
717 E OAK STREET

City KISSIMMEE FL Zip Code 34744

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

4/26/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D, P, S, T	JONES, RANDY M	9020 CALWOOD CT	ORLANDO, FL 32825				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowers.

SIGNATURE:  Randy M. Jones

04/29/02 407-306-2748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)