

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90153 031 ***550.00

DOCUMENT # P98000028757

1. Entity Name
B. ELAINE JONES & ASSOCIATES, P.A.

Principal Place of Business
**918 LITHIA PINECREST RD S
 BRANDON FL 33511**

Mailing Address
**P.O. BOX 2916
 BRANDON FL 33511**

2. Principal Place of Business

3. Mailing Address
918 Lithia Pincrest Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
**Brandon
 Florida**

4. FEI Number
59-3500911

Applied For
 Not Applicable

Zip

Country

Zip
33511

Country

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

**NUNEZ, KELLY BARCIA ESQUIRE
 1802 W. CLEVELAND STREET
 TAMPA FL 33606**

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, 2002 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** ☐ Delete
 NAME **JONES, B. ELAINE**
 STREET ADDRESS **11107 DESOTA ROAD**
 CITY-ST-ZIP **RIVERVIEW FL 33511**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/13/02 (813) 681-8383

CR2E034 (9/01)