

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90010 033 ***150.00

DOCUMENT # P98000031416

1. Entity Name

KEITH JONES MASTER CRAFTSMAN, INC.



Principal Place of Business

**701 N.E. 139TH STREET
NORTH MIAMI FL 33161**

Mailing Address

**701 N.E. 139TH STREET
NORTH MIAMI FL 33161**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0826232

Applied For

Not Applicable

Zip

Country

Zip

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

**JONES, KEITH L
701 N.E. 139TH STREET
NORTH MIAMI FL 33161**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME **PD**
STREET ADDRESS **JONES, KEITH L**
CITY-ST-ZIP **701 N.E. 139TH STREET
NORTH MIAMI FL 33161**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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: *Keith Jones* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-89 -00

Date

Daytime Phone #

CR2E034 (5/00)

Attachment # P48000031416
DW 76941

KEITH JONES MASTER CRAFTSMAN, INC.
701 N.E. 139th Street
North Miami, Florida 33161-3231
(305) 891-3476

July 23, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

Enclosed is our check for \$150.00 for the annual filing of the Uniform Business Report. We hereby request the the late fee be waived since we have never received the blank form before the due date. This is only our second year of filing and we were not aware of the due date.

Please let us know if you have any questions.

Sincerely,

Keith Jones,
President