

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State
 03-13-2001 90321 006 ***150.00

DOCUMENT # P98000036311

1. Entity Name
JONOR, INC.

Principal Place of Business Mailing Address
 17757 U.S. HIGHWAY 19 NORTH STE. 500 17757 U.S. HIGHWAY 19 NORTH STE. 500
 CLEARWATER FL 33764 CLEARWATER FL 33764

2. Principal Place of Business 3. Mailing Address
6236 147TH AVE NORTH 6236 147TH AVE NORTH
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CLEARWATER, FL CLEARWATER, FL
 Zip Country Zip Country
33760 USA 33760 USA

4. FEI Number **59-3515725** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MASON & ASSOCIATES, P.A.
 17757 U.S. HIGHWAY 19 NORTH STE. 500
 CLEARWATER FL 33764

7. Name and Address of New Registered Agent

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **JOHNS, OWEN L**
 CITY-ST-ZIP **6236 147TH AVE. N.**
CLEARWATER FL 33760

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **NORCIA, MICHAEL A**
 CITY-ST-ZIP **6236 147TH AVE N.**
CLEARWATER FL 33760

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: Michael A. Norcia **MICHAEL A. NORCIA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/09/01 **(727) 538-5440**
 Date Daytime Phone #

CP2E034 (10/00)