## **2001 UNIFORM BUSINESS REPORT (UBR)**

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SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF

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SIGNING OFFICER OR DIRECTOR

John D. Jones Ju-

## Feb 28, 2001 8:00 am DOCUMENT # **P98000039849 Secretary of State** 1. Entity Name JONES INVESTMENT GROUP, INC. 02-28-2001 90015 046 \*\*\*150.00 Mailing Address Principal Place of Business 4600 NW 8TH DRIVE 4600 NW 8TH DR PLANTATION FL 33317 PLANTATION FL 33317 HS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0841414 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONES, JOHN D JR Street Address (P.O. Box Number is Not Acceptable) 4600 NW 8TH DRIVE PLANTATION FL 33317 City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE Change Addition TITLE JONES, JOHN D JR NAME NAME STREET ADDRESS 4600 NW 8TH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 n TITLE ☐ Change Addition Delete TITLE JONES, BARBARA J NAME NAME STREET ADDRESS 4600 NW 8TH DRIVE STREET ADDRESS CITY-ST-ZIP I CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete TITLE ☐ Channe Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TJTI F NAME NAME STREET ADDRESS STREET ADDRESS CATY - ST - ZIF CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change VAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver of treatee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

**FILED**