

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90160 033 \*\*\*150.00

DOCUMENT # **P98000047068**

1. Entity Name  
**T. JONES, INC.**



Principal Place of Business  
**540 LOGAN BLVD N  
NAPLES FL 39119**

Mailing Address  
**540 LOGAN BLVD N  
NAPLES FL 39119**

2. Principal Place of Business  
**3791 10th Ave NE**

3. Mailing Address  
**3791 10th Ave NE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Naples FL**

City & State  
**Naples FL**

4. FEI Number **59-3519138**

Applied For  
Not Applicable

Zip **34120**

Country **USA**

Zip **34120**

Country **USA**

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

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**JONES, THOMAS  
540 LOGAN BLVD N  
NAPLES FL 34119**

**7. Name and Address of New Registered Agent**

Name **JONES, THOMAS**  
Street Address (P.O. Box Number is Not Acceptable)  
**3791 10th Ave NE**  
City **naples** FL Zip Code **34120**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **THOMAS JONES** DATE **4-27-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PVST</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, THOMAS</b>	
STREET ADDRESS	<b>540 LOGAN BLVD N</b>	
CITY-ST-ZIP	<b>NAPLES FL 34119</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PVST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, THOMAS</b>	
STREET ADDRESS	<b>3791 10th Ave NE</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34120</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **THOMAS JONES** DATE **4-27-03** 229-352-2052  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)