## **2000 UNIFORM BUSINESS REPORT (UBR)**

## Mar 23, 2000 8:00 am DOCUMENT # **P98000063811** Secretary of State DAN JONES AND COMPANY, INC. 03-23-2000 90023 039 \*\*\*150.00 Principal Place of Business Mailing Address 8027 SOUTH ORANGE AVENUE 8027 SOUTH ORANGE AVENUE ORLANDO FL 32809 ORLANDO FL 32809-6711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3527909 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BROOKS, CANDEE JONES** Street Address (P.O. Box Number is Not Acceptable) 8027 SOUTH ORANGE AVENUE ORLANDO FL 32809 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 DATE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Change ☐ Addition TITLE TITLE □ Delete JONES BROOKS, CANDEE NAME NAME 8027 SOUTH ORANGE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32809 CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE. JONES, J. DANIEL NAME 8027 SOUTH ORANGE AVENUE STREET ADDRESS STREET ADDRESS ORLANDO FL 32809 CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS 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:

FILED