

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State

0015418 AV

DOCUMENT # P98000063811

1. Entity Name
DAN JONES AND COMPANY, INC.

09-05-2001 90008 006 ***550.00

Principal Place of Business Mailing Address
9521 S. ORANGE BLOSSOM TRAIL SUITE 118A **9521 S. ORANGE BLOSSOM TRAIL SUITE 118A**
ORLANDO FL 32837 **ORLANDO FL 32837**



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3527909 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| BROOKS, CANDEE JONES | | | | Name | | | |
| 8027 SOUTH ORANGE AVENUE | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| ORLANDO FL 32809 | | | | 9521 S ORANGE BLOSSOM TRAIL SUITE 118A | | | |
| | | | | City | | | |
| | | | | FL 32837 | | | |

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 _____ (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 12, 2001 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP | D JONES BROOKS, CANDEE 8027 SOUTH ORANGE AVENUE ORLANDO FL 32809 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9521 S ORANGE BLOSSOM TRAIL, SUITE 118A ORLANDO FL 32837 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JONES, J. DANIEL 8027 SOUTH ORANGE AVENUE ORLANDO FL 32809 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9521 S ORANGE BLOSSOM TRAIL, SUITE 118A ORLANDO FL 32837 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *DANIEL JONES* **RE REQUIRED JONES** **8-26-01** **407 857 2151**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)