

2001 UNIFORM BUSINESS REPORT (UBR)

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

09-05-2001 90008 006 ***550.00

0015418 AV

DOCUMENT # P98000063811

1. Entity Name
DAN JONES AND COMPANY, INC.

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3527909**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROOKS, CANDEE JONES

~~**8027 SOUTH ORANGE AVENUE**~~
~~**ORLANDO FL 32809**~~

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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 \$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 **D** ☐ Delete
 NAME **JONES BROOKS, CANDEE**
 STREET ADDRESS ~~**8027 SOUTH ORANGE AVENUE**~~
 CITY-ST-ZIP ~~**ORLANDO FL 32809**~~

☒ Change ☐ Addition
 NAME
 STREET ADDRESS **9521 S ORANGE BLOSSOM TRAIL SUITE 118A**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D** ☐ Delete
 NAME **JONES, J. DANIEL**
 STREET ADDRESS ~~**8027 SOUTH ORANGE AVENUE**~~
 CITY-ST-ZIP ~~**ORLANDO FL 32809**~~

☒ Change ☐ Addition
 NAME
 STREET ADDRESS **9521 S ORANGE BLOSSOM TRAIL SUITE 118A**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
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☐ Change ☐ Addition
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 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: **DANIEL JONES**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-01 407 857 2151
 Date Daytime Phone #

CR2034 (5/01)