2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 26, 2000 8:00 am Secretary of State DOCUMENT # P98000077857 1. Entity Name 📝 ... A. E. JONES CONTRACTORS INC. 07-26-2000 90002 035 ***400.00 06-13-2000 90006 002 ***150.00 Principal Place of Business Mailing Address 705 SPARROW AVE. 705 SPARROW AVE. PALM HARBOR FL 34683-1920 PALM HARBOR FL 34683 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Sulte, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3533559 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JONES, ALBERT E Street Address (P.O. Box Number is Not Acceptable) 705 SPARROW AVE. PALM HARBOR FL 34683 Zip Code City 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 ill 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. PVST Addition ☐ Change TITLE Delete Ò Jones, Albert e NAME NAME 705 SPARROW AVE STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CHTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defeta mis TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. ☐ Change ☐ Addition ☐ Delete TITE F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Dalete TITLE TITLE STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CMY-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 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 with all other like empowered SIGNATURE: Daytime Phone