

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097759

1. Entity Name

JONES BAIT COMPANY

Principal Place of Business

994 S.W. 29TH STREET
PALM CITY FL 34990

Mailing Address

994 S.W. 29TH STREET
PALM CITY FL 34990-2922

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Post Office Box 1054

Suite, Apt. #, etc.

City & State

Palm City

Zip

34991-1054

Country

Martin

4. FEI Number

59-3548191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, CHRISTINA
994 S.W. 29TH STREET
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE **PTSD** ☐ Delete
NAME **JONES, CHRISTINA**
STREET ADDRESS **994 S.W. 29TH STREET**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Delete
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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

Christina Jones Christina Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00 601) 287-9818
Date Daytime Phone #

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90953 013 ***150.00

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DO NOT WRITE IN THIS SPACE