

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000000032

1. Entity Name

RICH JONES ELECTRIC, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90049 015 ***150.00

Principal Place of Business

830 ELKCAM CIRCLE
MARCO ISLAND FL 34145

Mailing Address

P.O. BOX 2525
MARCO ISLAND FL 34146-2525

2. Principal Place of Business

233 Meadowlark Ct.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Marco Island, FL

City & State

4. FEI Number

59-3548713

Applied For

Not Applicable

Zip

34145

Country

U.S.A

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

WEBSTER, RONALD S
985 N. COLLIER BLVD.
MARCO ISLAND FL 34145

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME JONES, RICHARD K
STREET ADDRESS P.O. BOX 2525
CITY-ST-ZIP MARCO ISLAND FL 34146

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

TITLE ST ☐ Delete
NAME JONES, GLENNA J
STREET ADDRESS P.O. BOX 2525
CITY-ST-ZIP MARCO ISLAND FL 34146

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

TITLE VP ☐ Delete
NAME JONES, DOUGLAS S
STREET ADDRESS 233 MEADOWLARK CT.
CITY-ST-ZIP MARCO ISLAND FL 34145

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

1/11/00
Date

941-394-5985
Daytime Phone #

CR2E034 (9/99)