

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90395 032 ***150.00

DOCUMENT # **P99000032577**
1. Entity Name **E. JONES & ASSOCIATES, INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **121 SALEM STREET** 3. Mailing Address **121 SALEM STREET**
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **ALTAMONTE SPRINGS, FL** City & State **ALTAMONTE SPRINGS, FL** 4. FEI Number **59-3566517** Applied For Not Applicable
Zip **32701** Country Country **32701** Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **E. JONES & ASSOCIATES, INC.**
Street Address (P.O. Box Number is Not Acceptable) **121 SALEM STREET**
ALTAMONTE SPRING, FLORIDA 32701
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ELMORE JONES 121 SALEM STREET ALTAMONTE SPRINGS, FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Elmore Jones** **ELMORE JONES, DPT+VPS** 4/28/03 467-831-2511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #