

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000046839

1. Entity Name

WILLIAM S. JONES CRNA, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90020 030 ***150.00

Principal Place of Business

4525 NW 82ND CT.
OCALA FL 34482

Mailing Address

4525 NW 82ND CT.
OCALA FL 34450-2631

2. Principal Place of Business

273 South CANADAY Drive
Suite, Apt. #, etc.

3. Mailing Address

273 South CANADAY Drive
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

INVERNESS Florida

City & State

INVERNESS Florida

4. FEI Number

59-3579177

Applied For

Not Applicable

Zip

34450

Country

USA

Zip

34450

Country

USA

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

BRADSHAW, R. WESLEY
4525 NW 82ND CT.
OCALA FL 34482

Name: Bradshaw, R. Wesley
Street Address (P.O. Box Number is Not Acceptable):
273 South CANADAY Dr
City: INVERNESS FL Zip Code: 34450

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: D
NAME: JONES, WILLIAM S
STREET ADDRESS: 4525 NW 82ND CT.
CITY-ST-ZIP: Ocala FL 34482

TITLE: D
NAME: JONES, SHARON L
STREET ADDRESS: 4525 NW 82ND CT.
CITY-ST-ZIP: Ocala FL 34482

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME: Jones, William S
STREET ADDRESS: 273 South CANADAY Drive
CITY-ST-ZIP: INVERNESS Florida 34450

TITLE:
NAME: Jones, Sharon L
STREET ADDRESS: 273 South CANADAY Drive
CITY-ST-ZIP: INVERNESS, Florida 34450

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
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:

William Jones President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-341-4230

CR2E034 (9/99)