

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V33765

1. Entity Name

JONES SOD COMPANY, INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90149 002 ***550.00

Principal Place of Business

1524 N.W. 2ND STREET
POMPAÑO BEACH FL 33069

Mailing Address

1524 N.W. 2ND STREET
POMPAÑO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0331151

Applied For
Not Applicable

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

ZIMMERMAN, STEPHEN L.
737 E. ATLANTIC BLVD.
POMPAÑO BEACH FL 33060

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME HILL, LOUISE
STREET ADDRESS 2100 NW 2 ST
CITY-ST-ZIP POMPAÑO BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME DAVIS, FRANCIS
STREET ADDRESS 1524 NW 2ND ST
CITY-ST-ZIP POMPAÑO BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME DAVIS, HERBERT
STREET ADDRESS 1524 NW 2ND ST
CITY-ST-ZIP POMPAÑO BEACH FL

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-21-00 954-972-1306

CR2E034 15/00