

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90038 007 ***150.00

DOCUMENT # V68034

1. Entity Name
TOM JONES SERVICES, INC.

Principal Place of Business
37616 PERTH DR.
ZEPHYRHILLS FL 33541

Mailing Address
PO BOX 2297
ZEPHYRHILLS FL 33539-2297

927694



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3147566		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		<input type="checkbox"/>			
Country		Country					

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JONES, THOMAS LOWERY 37616 PERTH DR. ZEPHYRHILLS FL 33541		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 _____ (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, 2002 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	TITLE	
NAME	JONES, THOMAS LOWERY	NAME	
STREET ADDRESS	37616 PERTH DR	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	JONES, MONICA	NAME	
STREET ADDRESS	37616 PERTH DR	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Monica Jones - Monica Jones 2-4-02 813-782-6965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)