2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000003888** DUDLEY C. JACKSON, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

👵 BOX 261 AL 35080 P.O. BOX 261

HELENA AL 35080-0261

3. Mailing Address

FILED Mar 01, 2000 8:00 am Secretary of State

03-01-2000 90019 024 ***150.00



DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 63-0397429 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 Zip Code FL

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.

," SIC	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registered Agent signature required when re	instating) D	DATE
	This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00	10. Election Campaign Financing	g _
	(See criteria on back)	Make Check Payable to Department of State	Trust Fund Contribution.	

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Change Addition TITLE TITLE ☐ Delete JACKSON, KENNETH L NAME NAME HELENA INDUSTRIAL PARK STREET ADDRESS STREET ADDRESS HELENA AL 35080 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE SEARCY, RICHARD F NAME NAME HELENA INDUSTRIAL PARK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HELENA AL 35080 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE JACKSON, CAROLINE E NAME HELENA INDUSTRIAL PARK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HELENA AL 35080 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 empowers 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 ether like empowered. Konneth C.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR