

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90018 032 \*\*\*\*61.25

DOCUMENT # N98000004194

1. Entity Name

JEFFERSON ARTS, INC.

Principal Place of Business

Mailing Address

575 W WASHINGTON ST
MONTICELLO FL 32344
US

PO BOX 1115
MONTICELLO FL 32344
US

C0003119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3453990

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Additional Fee Required \$8.75

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOON, WILLIAM G
970 E PEARL ST
MONTICELLO FL 32344

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

PD MOON, WILLIAM G
970 E PEARL ST
MONTICELLO FL 32344

VD VALDERRAMA, GAIL
RT 3, BOX 226-3D
MONTICELLO FL 32344

TD HOOK, BARBARA
RT 4 BOX 40985
MONTICELLO FL 32344

SD ROSE, LINDA
RT 4, BOX 40985
MONTICELLO FL 32344

D DAVIS, JANE K
RT 4 BOX 40060
MONTICELLO FL 32344

Empty officer/director entry box

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Empty additions/changes entry box

Empty additions/changes entry box

Empty additions/changes entry box

Empty additions/changes entry box

Empty additions/changes entry box

Empty additions/changes entry box

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Tuoy F. Miller 1-9-01 997-2646

CR2E037 (10/00)