

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90159 039 ****61.25

DOCUMENT # N98000004194

1. Entity Name

JEFFERSON ARTS, INC.

Principal Place of Business

575 W WASHINGTON ST
 MONTICELLO FL 32344
 US

Mailing Address

PO BOX 1115
 MONTICELLO FL 32344
 US

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

59-3453990

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOON, WILLIAM G
970 E PEARL ST
MONTICELLO FL 32344

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MOON, WILLIAM G	
STREET ADDRESS	970 E PEARL ST	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VALDERRAMA, GAIL	
STREET ADDRESS	RT 3, BOX 226-3D	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HOOK, BARBARA	
STREET ADDRESS	RT 4 BOX 40985	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSE, LINDA	
STREET ADDRESS	RT 4, BOX 40985	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, JANE K	
STREET ADDRESS	RT 4 BOX 40060	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judy F. Miller	
STREET ADDRESS	240 W. Washington St.	
CITY-ST-ZIP	Monticello, Fl 32344	Sec/Treas
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	Linda Rose. Rt. 4, Box 40985	
CITY-ST-ZIP	Monticello, Fl 32344	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)