

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90005 025 ***150.00

DOCUMENT # **P97000031231**
 1. Entity Name **Jackson Farm Labor Inc.**

Principal Place of Business Mailing Address
230 Red Bud Lane 230 Red Bud Lane
Palatka, Fl. 32177 Palatka, Fl. 32177

2. Principal Place of Business 3. Mailing Address
45 Buttonworth Dr. 45 Buttonworth Dr
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Zip Country
Palm Coast FL 32137 Palm Coast FL 32137

4. FE Number: **59-348262**
 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
Teresa Jackson
20 Red Bud Lane
Palatka, Fl. 32177

7. Name and Address of New Registered Agent
 Name **Teresa Jackson**
 Street Address (P.O. Box Number is Not Acceptable) **45 Buttonworth Dr.**
 City **Palm Coast** FL **32137**

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 **Teresa Jackson, President**
 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 \$150.00
After MAY 1, 2000 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

TITLE	P. Teresa Jackson	<input type="checkbox"/> Delete
NAME	230 Red Bud Lane	
STREET ADDRESS	Palatka, Fl. 32177	
CITY-ST-ZIP		
TITLE	Semoria Lewis	<input type="checkbox"/> Delete
NAME	230 Red Bud Lane	
STREET ADDRESS	Palatka, Fl. 32177	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P. Teresa Jackson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	45 Buttonworth Dr.	
STREET ADDRESS	Palm Coast, Fl. 32137	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: **Teresa Jackson** **4/30/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)