

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90084 004 \*\*\*150.00

**DOCUMENT # 371474**

1. Entity Name  
**JEFFERSON-ALLSOPP, INC.**

Principal Place of Business <b>440 S. FLORIDA AVE.          LAKELAND FL 33801-5227          US</b>	Mailing Address <b>440 S. FLORIDA AVE.          LAKELAND FL 33801-5227          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1305607</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent**

**JEFFERSON, JACK  
 2302 NEVADA ROAD  
 LAKELAND FL 33802**

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDC</b> <b>JEFFERSON, JACK</b> <b>2302 NEVADA ROAD</b> <b>LAKELAND FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C.E.O., Director, Chairman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>of the Board</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POLLARD, JAMES S.</b> <b>440 S. FLORIDA AVE.</b> <b>LAKELAND FL 33801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVD</b> <b>WILSON, H.WAYNE</b> <b>440 S. FLORIDA AVE</b> <b>LAKELAND FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVD</b> <b>POLLARD, JAMES S. III</b> <b>440 S. FLORIDA AVE</b> <b>LAKELAND FL 33801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MARTIN, BRANT C</b> <b>440 SOUTH FLORIDA AVENUE</b> <b>LAKELAND FL 33801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: H. Wayne Wilson H. Wayne Wilson / 19 / 02 863-688-7691  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment  
Dr. # 371474  
781447

**J-A**

**Insurance**

**JEFFERSON-ALLSOPP, INC.**

440 SOUTH FLORIDA AVENUE

P. O. Box 3667

LAKELAND, FLORIDA 33802-3667

PHONE (941) 688-7691

FAX (941) 683-3790

**Additional Officers & Directors;**

VD

Martin, Mark A.

440 South Florida Ave.

Lakeland, Fl. 33801

VD

Pollard, Walter G.

440 South Florida Ave.

Lakeland, Fl. 33801

STD

Scott, David W.

440 South Florida Ave.

Lakeland, Fl. 33801



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