

2002 UNIFORM BUSINESS REPORT (UBR)

3/ **FILED**
Apr 21, 2002 8:00 am
Secretary of State

03-24-2002 90078 020 ***150.00

DOCUMENT # 293134

1. Entity Name

JACKSON BROS GROVES INC

Principal Place of Business

3880 OLD U. S. #1
P.O. BOX 307
VERO BEACH FL 32960

Mailing Address

3880 OLD U. S. #1
P.O. BOX 307
VERO BEACH FL 32960

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1077661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, WALTER M

~~US # 1 & 88TH LANE, P.O. BOX 254~~ **3880 OLD DIXIE HWY.**
VERO BEACH FL 32960

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

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, 2002 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	☐ Delete
NAME	JACKSON, THOMAS A	
STREET ADDRESS	777 37TH STREET	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	V	☐ Delete
NAME	JACKSON, RAYMOND A.	
STREET ADDRESS	4525 58TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	ST	☐ Delete
NAME	JACKSON, WALTER	
STREET ADDRESS	3880 OLD U. S. #1	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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: *Raymond A. Jackson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND A. JACKSON

FILED MARCH 5, 2002

Date

(772) 569-2085

Daytime Phone #

CR2E034 (9/01)