

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90165 029 ***150.00

0502270 AV

DOCUMENT # 371474

1. Entity Name
JEFFERSON-ALLSOPP, INC.



Principal Place of Business
**440 S. FLORIDA AVE.
LAKELAND FL 33801-5227
US**

Mailing Address
**440 S. FLORIDA AVE.
LAKELAND FL 33801-5227
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 **59-1305607**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VDC
JEFFERSON, JACK
2302 NEVADA ROAD
LAKELAND FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C.E.O., Director, Chairman
of the Board** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POLLARD, JAMES S.
440 S. FLORIDA AVE.
LAKELAND FL 33801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVD
WILSON, H.WAYNE
440 S. FLORIDA AVE
LAKELAND FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVD
POLLARD, JAMES S. III
440 S. FLORIDA AVE
LAKELAND FL 33801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MARTIN, BRANT C
440 SOUTH FLORIDA AVENUE
LAKELAND FL 33801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 607, 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:

H. Wayne Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03
Date

863-688-7691
Daytime Phone #

CR2E034 (10/02)

Attachment

90115636

371474

J-A

JEFFERSON-ALLSOPP, INC.

Insurance, Employee Benefits & Financial Services

440 S. Florida Avenue
P.O. Box 3667
Lakeland, FL 33802-3667
Phone (863)688-7691
Fax (863)683-3790

Additional Directors & Officers;

VD

Martin, Mark A.
440 South Florida Ave.
Lakeland, Fl. 33801

VD

Pollard, Walter G..
440 South Florida Ave.
Lakeland, Fl. 33801

VD

Scott, David W.
440 South Florida Ave.
Lakeland, Fl. 33801

STD

Jefferson, Joseph C.
440 South Florida Ave.
Lakeland, Fl. 33801



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