

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 516394 (4) ✓

1. Entity Name

Jacknette Corporation

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90010 010 ***150.00

80091841

Principal Place of Business
6903 N. Dale Mabry
Tampa, FL 33614

Mailing Address
6903 N. Dale Mabry
Tampa, FL 33614

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

59-1697170

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

Jackson, Gary
14607 Village Glen Cr.
Tampa FL 33624

7. Name and Address of New Registered Agent

Name Jackson, Gary

Street Address (P.O. Box Number is Not Acceptable)

6903 N. Dale Mabry

City Tampa

FL

Zip Code 33614

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

Gary Jackson

4-26-00

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME Jackson, Gary
STREET ADDRESS 14607 Village Glen Cr.
CITY-ST-ZIP Tampa FL

TITLE PT ☒ Change ☐ Addition
NAME Jackson, Gary
STREET ADDRESS 6903 N. Dale Mabry
CITY-ST-ZIP Tampa FL 33614

TITLE VS ☐ Delete
NAME Antoinette, Bob
STREET ADDRESS 4125 Casey Rd.
CITY-ST-ZIP Nokomis FL

TITLE VS ☒ Change ☐ Addition
NAME Antoinette Robert
STREET ADDRESS 6903 N. Dale Mabry
CITY-ST-ZIP Tampa, FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

813-932-2200

Daytime Phone #

CR2E034 (9/99)