

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 678781

1. Entity Name

JAKATO, INC.

Principal Place of Business

3010 S. THIRD ST. #A
JACKSONVILLE BEACH FL 32250

Mailing Address

3010 S. THIRD ST. #A
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PATTERSON, LAWRENCE R
3010 S 3RD ST STE 1
JACKSONVILLE BEACH FL 32250

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, 2001 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 DS ☐ Delete
NAME BLACK, SARAH U
STREET ADDRESS 537 LAKE RD
CITY-ST-ZIP PONTE VEDRA BCH, FL00000 32082

TITLE V ☐ Delete
NAME BLACK, JAMES T.
STREET ADDRESS 8165 COBB CENTER DRIVE
CITY-ST-ZIP KENNESAW GA 30152

TITLE ST ☐ Delete
NAME MERRIAM, KAREN J.
STREET ADDRESS 3598 TUCKERS FARM
CITY-ST-ZIP MARIETTA GA 30067

TITLE DPT ☐ Delete
NAME BLACK, JAMES W
STREET ADDRESS 537 LAKE RD
CITY-ST-ZIP PONTE VEDRA, FL 00000 32082

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

Date

904-285-6553

Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90241 013 ***150.00

LU001500



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2015048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (10/00)