

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90034 031 ***150.00

DOCUMENT # F00000005678

1. Entity Name
JACKSON OIL PRODUCTS COMPANY ✓

Principal Place of Business: **900 BIERDERMAN ROAD JACKSON MS 39208**
 Mailing Address: **15800 JOHN J DELANEY DRIVE #500 CHARLOTTE NC 28277**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State

4. FEI Number: **64-0321850**
 Applied For: Not Applicable

Zip: Country: Zip: Country:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: WELCHER, F. ANDREW STREET ADDRESS: 15800 JOHN J DELANEY DRIVE #500 CITY-ST-ZIP: CHARLOTTE NC 28277	<input type="checkbox"/> Delete	TITLE: P/D NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: BAUM, WILLIAM A STREET ADDRESS: 15800 JOHN J DELANEY DRIVE #500 CITY-ST-ZIP: CHARLOTTE NC 28277	<input type="checkbox"/> Delete	TITLE: T/D NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: LEVINE, LAWRENCE P STREET ADDRESS: 15800 JOHN J DELANEY DRIVE #500 CITY-ST-ZIP: CHARLOTTE NC 28277	<input type="checkbox"/> Delete	TITLE: S/D NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Lawrence P. Levine, Secretary* 704-540-222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 2/11/02 Daytime Phone #: 0125 ext

CR2E034 (9/01)