

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90046 022 \*\*\*150.00

**DOCUMENT # F53952**

**1. Entity Name**  
**JACKS' FARMERS HARDWARE AND AUTO PARTS, INC.**

**Principal Place of Business**  
**14210 MARTIN LUTHER KING BLVD**  
**ALACHUA FL 32616**  
**US**

**Mailing Address**  
**PO BOX 70**  
**ALACHUA FL 32615**

**2. Principal Place of Business**  
**16530 NORTH US Hwy. 441**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**  
**Alachua FL**  
**Zip**  
**32615**  
**Country**  
**USA**

**City & State**  
**Zip**  
**Country**

**4. FEI Number** **59-2127276**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**GERARD, JACKIE**  
**14210**  
**MARTIN LUTHER KING BLVD.**  
**ALACHUA FL 32616**

**7. Name and Address of New Registered Agent**

**Name** **Gregory S. Gerardo**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**10819 NW CR 235**  
**Alachua**  
**City** **FL** **Zip Code** **32615**

**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** *Gregory S. Gerardo* **Gregory S. Gerardo PD.** **4-8-02**  
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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>T</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GERARD, JACKIE</b>	
<b>STREET ADDRESS</b>	<b>19928 NW 78 AVE</b>	
<b>CITY-ST-ZIP</b>	<b>ALACHUA FL 32615</b>	
<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GERARD, GREGORY S</b>	
<b>STREET ADDRESS</b>	<b>19928 NW 78 AVE</b>	
<b>CITY-ST-ZIP</b>	<b>ALACHUA FL 32615</b>	
<b>TITLE</b>	<b>V</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GERARD, BEVERLY S</b>	
<b>STREET ADDRESS</b>	<b>19928 NW 78 AVE</b>	
<b>CITY-ST-ZIP</b>	<b>ALACHUA FL 32615</b>	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>HOVER, PAMELA J</b>	
<b>STREET ADDRESS</b>	<b>19928 NW 78 AVE</b>	
<b>CITY-ST-ZIP</b>	<b>ALACHUA FL 32615</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>GERARD, JACKIE</b>	
<b>STREET ADDRESS</b>	<b>19928 NW 78 AVE.</b>	
<b>CITY-ST-ZIP</b>	<b>Alachua, FL 32615</b>	
<b>TITLE</b>	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>GERARD, GREGORY S.</b>	
<b>STREET ADDRESS</b>	<b>10819 NW CR 235</b>	
<b>CITY-ST-ZIP</b>	<b>Alachua, FL 32615</b>	
<b>TITLE</b>	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Gerardo, Beverly S.</b>	
<b>STREET ADDRESS</b>	<b>19928 NW 78 AVE.</b>	
<b>CITY-ST-ZIP</b>	<b>Alachua FL 32615</b>	
<b>TITLE</b>	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Ward, Pamela J.</b>	
<b>STREET ADDRESS</b>	<b>10819 N.W. CR 235</b>	
<b>CITY-ST-ZIP</b>	<b>Alachua, FL 32615</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 another like empowered.**

**SIGNATURE:** *Gregory S. Gerardo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-8-02** **386-462-2882**  
 Date Daytime Phone #

CR2E034 (9/01)