

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90051 004 \*\*\*150.00

0070733 AV

**DOCUMENT # F53952**

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



Principal Place of Business  
**16530 NORTH US HWY 441  
ALACHUA FL 32615  
US**

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

11061041



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

**GERALD, GREGORY S  
10819 NW CR 235  
ALACHUA FL 32615**

7. Name and Address of New Registered Agent

Name **Gregory S. Gerard**

Street Address (P.O. Box Number is Not Acceptable)  
**2007 NW 56th Terrace**

City **Gainesville** FL Zip Code **32605**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-28-03**

**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

TITLE ☐ Delete  
NAME **V GERARD, JACKIE**  
STREET ADDRESS **19978 NW 78 AVE**  
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☐ Delete  
NAME **PD GERARD, GREGORY S**  
STREET ADDRESS **10819 NW CR 235**  
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☐ Delete  
NAME **T GERARD, BEVERLY S**  
STREET ADDRESS **19928 NW 78 AVE**  
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☐ Delete  
NAME **S WARD, PAMELA J**  
STREET ADDRESS **10819 NW CR 235**  
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **19928 NW 78th ave**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2007 NW 56th Terrace**  
CITY-ST-ZIP **Gainesville FL 32605**

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

TITLE ☒ Change ☐ Addition  
NAME **Hart, Pamela J**  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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: *[Signature]* **RECEIVED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-03**  
Date

**386-462-2882**  
Daytime Phone #

CR2E034 (10/02)