

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90339 001 ***317.50

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DOCUMENT # H04677

1. Entity Name
JACKSON - REEGER, INC.



Principal Place of Business
**2441 NW 43RD ST., UNIT 26
GAINESVILLE FL 32606**

Mailing Address
**2441 NW 43RD ST., UNIT 26
GAINESVILLE FL 32606**



2. Principal Place of Business

9944 SW 52ND ROAD
Suite, Apt. #, etc.

3. Mailing Address

9944 SW 52ND ROAD
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
GAINESVILLE, FL.

City & State
GAINESVILLE, FL.

4. FEI Number
59-2409896

Applied For
Not Applicable

Zip
32608

Country
USA

Zip
32608

Country
USA

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

6. Name and Address of Current Registered Agent

**JACKSON, DAVID M
2441 NW 43RD ST.
UNIT 26
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**9944 SW 52ND ROAD
GAINESVILLE FL 32608**

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 *David M Jackson*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/30/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$570.00

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 **DPT** ☐ Delete
NAME **JACKSON, DAVID M**
STREET ADDRESS **2441 NW 43RD ST, UNIT 26**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **VS** ☐ Delete
NAME **JACKSON, DAVID M**
STREET ADDRESS **2441 NW 43RD ST UNIT 26**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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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 **9944 SW 52ND ROAD**
CITY-ST-ZIP **32608**

TITLE ☒ Change ☐ Addition
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CITY-ST-ZIP **32608**

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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 of the like empowered.

SIGNATURE:

David M Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/03
Date

352-371-3068
Daytime Phone #

CR2E034 (10/02)