

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90025 026 ***150.00

DOCUMENT # H25666

1. Entity Name

JACKSON COUNTY RADIO, INC.

Principal Place of Business

**4450 LAFAYETTE ST
 MARIANNA FL 32446**

Mailing Address

**PO BOX 1508
 MARIANNA FL 32447**

506474



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7371 COX ROAD

Suite, Apt. #, etc.

3. Mailing Address

7371 COX ROAD

Suite, Apt. #, etc.

City & State

BASCOM, FL

Zip
32423

Country

USA

City & State

BASCOM, FL

Zip
32423

Country

USA

4. FEI Number

59-2459893

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HART, JAMES W. JR.
 4450 LAFAYETTE ST
 MARIANNA FL 32446**

7. Name and Address of New Registered Agent

Name

HART, JAMES W. JR.

Street Address (P.O. Box Number is Not Acceptable)

7371 COX ROAD

City

BASCOM

FL

Zip Code

32423

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.

JAMES W. HART, JR., PRES. FEB 19, 2002

(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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HART, JAMES W. JR. 4450 LAFAYETTE ST MARIANNA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

JAMES W. HART, JR., PRES.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/02 850/592-4740

CR2E034 (9/01)