2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 11, 2001 8:00 am Secretary of State **DOCUMENT # H62310** JACKSON PROPERTIES AND FINANCIAL SERVICES, INC. 01-11-2001 90015 021 ***150.00 Mailing Address Principal Place of Business Glen Rose Court P.O. BOX 3971 5002 KILKERRIN CT-TALLAHASSEE FL 32315 TALLAHASSEE FL 32308 はししひをせるひ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State 59-2646467 City & State Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JACKSON, ERWIN D. Street Address (P.O. Box Number is Not Acceptable) 5002 ROSEGLEN-COURT G TALLAHASSEE FL 32308 Zip Code FI changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS,\$150.00 9. This corporation is eligible to satisfy its Intangible_ \$5.00 May Be Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 П Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State П (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Change ☐ Addition TITLE ☐ Delete TITLE NAME JACKSON, ERWIN D. NAME STREET ADDRESS **5002 ROSEGLEN COURT** STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition . Delete NAME NAME # 2 124 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 the execute his 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 antariess, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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