

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90091 017 \*\*\*150.00

**DOCUMENT # H81847**

1. Entity Name  
**5 J'S EXTERMINATING CO., INC.**



Principal Place of Business

**02510 SMITTY ROAD**

**LADY LAKE FL 32158**

**US**

*See below*  
↓

Mailing Address

**P. O. BOX 206**

**LADY LAKE FL 32158-0206**

**US**

2. Principal Place of Business

3. Mailing Address

**Same as above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Weirsdale, Florida**

City & State

4. FEI Number **59-2719739**

Applied For

Not Applicable

Zip  
**32195**

Country  
**US**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, THOMAS WILLIAM**  
**02510 SMITTY ROAD**  
**LADY LAKE FL 32159**

Name

**N/A**

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

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☐ Delete  
NAME **JACKSON, JOANN E.**  
STREET ADDRESS **02510 SMITTY RD.**  
CITY-ST-ZIP **LADY LAKE FL Weirsdale, Fl (32195)**

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

TITLE **P** ☐ Delete  
NAME **JACKSON, THOMAS WILLIAM**  
STREET ADDRESS **02516 SMITTY RD.**  
CITY-ST-ZIP **WEIRSDALE FL (32195)**

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

TITLE **V** ☐ Delete  
NAME **JACKSON, GLENN REEVES**  
STREET ADDRESS **02510 SMITTY ROAD**  
CITY-ST-ZIP **LADY LAKE, FL 32159 Weirsdale, Fl 32195**

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

TITLE **D** ☐ Delete  
NAME **JACKSON, HAROLD RAYMOND**  
STREET ADDRESS **02510 SMITTY ROAD**  
CITY-ST-ZIP **LADY LAKE, FL 32159 Weirsdale, Fl 32195**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/03/03**

Date

Daytime Phone #

CR2E034 (10/02)