

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90110 020 \*\*\*150.00

**DOCUMENT # J04934**

1. Entity Name  
**C & M JACKSON AND ASSOCIATES, INC.**

Principal Place of Business

**5370 CARTER RD.  
 LAKE MARY FL 32746**

Mailing Address

**5370 CARTER RD.  
 LAKE MARY FL 32746**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0010828**

Applied For

Not Applicable

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, CURTIS, JR.  
 5370 CARTER RD.  
 LAKE MARY FL 32746**

Name

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **JACKSON, CURTIS**  
 STREET ADDRESS **5370 CARTER RD.**  
 CITY-ST-ZIP **LAKE MARY FL**

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

TITLE **S** ☐ Delete  
 NAME **JACKSON, CYNTHIA D GLOVER**  
 STREET ADDRESS **5370 CARTER RD**  
 CITY-ST-ZIP **LAKE MARY FL**

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  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 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:

*Cynthia D. Glover*  
 CYNTHIA D. GLOVER  
 SECRETARY OF STATE

9/16/02

407-333-2209

CR2E034 (4/02)

C & M JACKSON ASSOCIATES, INC.  
5370 CARTER ROAD  
LAKE MARY, FL 32746  
407-333-2209 / FAX

*Attachment  
872032*

SEPT 11, 02

FLORIDA DEP. OF STATE  
DIVISION OF CORPORATIONS

RE: UNIFORM BUSINESS REPORT  
2002

TO WHOM IT MAY CONCERN,

TO IS TO ADVISE YOU THAT THIS COMPANY DID NOT RECIEVE  
THE NOTICE FOR THE MAY RENEWAL.

ENCLOSED IS THE PAYMENT FOR THIS YEARS RENEWAL FOR

C & M JACKSON AND ASSOCIATES, INC.  
5370 CARTER ROAD  
LAKE MARY, FL 32746  
DOCUMENT # J04934  
FEN # 65\*0010828

THANK YOU FOR YOUR UNDERSTANDING IN THIS MATTER.

SINCERELY,

*Cynthia D. Glover Jackson*  
CYNTHIA D. GLOVER JACKSON  
SECRETARY