

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

03-29-2002 91394 037 ***150.00

DOCUMENT # J71495

1. Entity Name

JACKIE WEEKS, P.A.

Principal Place of Business

Mailing Address

% JACKIE WEEKS
 STATE ROAD 315 SOUTH P.O. BOX 67
 GRANDIN FL 32138

% JACKIE WEEKS
 STATE ROAD 315 SOUTH P.O. BOX 67
 GRANDIN FL 32138

2. Principal Place of Business

948 HWY 315

3. Mailing Address

P.O. Box 67

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GRANDIN FL

GRANDIN FL

Zip

Country

Zip

Country

32138 USA

32138 USA

4. FEI Number

59-2833300

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 Registered Agent

WEEKS, JACKIE
 STATE ROAD 315 SOUTH
 P.O. BOX 67
 GRANDIN FL 32138

Name

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

948 Hwy 315, P.O. Box 67

City

GRANDIN

FL

Zip Code

32138

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.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME P
 STREET ADDRESS WEEKS, JACKIE
 CITY-ST-ZIP STATE ROAD 315 SOUTH
 GRANDIN 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
 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:

Jackie Weeks
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 JACKIE WEEKS

3/19/02
 Date

386-659-2269
 Daytime Phone #

CR2E034 (9/01)