2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021452

MORRIS JACKSON & SONS, LLC



FILED Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90041 003 ****50.00

Suite, Apt. #, etc. Mayo, FL City & State City & State Country 32066 Country JACKSON, MORRIS H ROUTE 2, BOX 1245 MAYO FL 32066 City Mayo FL Zip Code City Mayo City Mayo FL Zip Code City Mayo
AYO FL 32066 MAYO FL 32066 2. Principal Place of Business 620 S.E. County Rd. H12 Suite, Apt. #, etc. Mayo, FL City & State City & State City & State Country 32066 MAYO FL 32066
Suite, Apt. #, etc. Mayo, FL City & State City & State Country JACKSON, MORRIS H ROUTE 2, BOX 1245 MAYO FL 32066 Round Apolitics City Mayo City Mayo City Mayo City Mayo City Mayo Country Jackson, Morris H ROUTE 2, BOX 1245 MAYO FL 32066 City Mayo City Mayo City Mayo City Mayo FL Zip Code Status Desired Applied Street Address of New Registered Agent Name Jackson, Morris H Street Address (P.O. Box Number is Not Acceptable) City Mayo FL Zip Code 32066
Suite, Apt. #, etc. Mayo, FL City & State City & State Country JACKSON, MORRIS H ROUTE 2, BOX 1245 MAYO FL 32066 Route Apolice City Mayo FL Zip Code State Address of Forida. I arm familiar with, and a city for the purpose of changing its registered agent, or both, in the State of Florida. I arm familiar with, and city for the purpose of changing its registered agent, or both, in the State of Florida. I arm familiar with, and city for the purpose of changing its registered agent, or both, in the State of Florida. I arm familiar with, and city for the purpose of changing its registered agent, or both, in the State of Florida. I arm familiar with, and city for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I arm familiar with, and city for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I arm familiar with, and city for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I arm familiar with, and city for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I arm familiar with, and city for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I arm familiar with, and city for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I arm familiar with, and city for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I arm familiar with, and city for the purpose of changing its registered agent.
Zip Country U.S.A 32,066 Country U.S.A 5. Certificate of Status Desired \$5.00 Addition. Fee Required Fee Required Fee Required Fee Required Name and Address of Current Registered Agent JACKSON, MORRIS H ROUTE 2, BOX 1245 MAYO FL 32066 City Mayo FL Zip Code 32,066 City Mayo FL Zip Code 33,066 S. 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 a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
Zip Country U.S.A 32,066 Country U.S.A 5. Certificate of Status Desired \$5.00 Addition. Fee Required Fee Required Fee Required Fee Required Name and Address of Current Registered Agent JACKSON, MORRIS H ROUTE 2, BOX 1245 MAYO FL 32066 City Mayo FL Zip Code 32,066 City Mayo FL Zip Code 33,066 S. 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 a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
Fee Required 6. Name and Address of Current Registered Agent JACKSON, MORRIS H ROUTE 2, BOX 1245 MAYO FL 32066 City Mayo City Mayo Fee Required City Mayo FL Zip Code 32066 Street Address (P.O. Box Number is Not Acceptable) City Mayo FL Zip Code 32066 Street Address (P.O. Box Number is Not Acceptable) For Required Fee Required Name City Mayo FL Zip Code Bao 666 Street Address (P.O. Box Number is Not Acceptable) Full Zip Code Bao 666 Full Zip Code
JACKSON, MORRIS H ROUTE 2, BOX 1245 MAYO FL 32066 Name Uackson, Morris H. Street Address (P.O. Box Number is Not Acceptable) 6205, E. County Rd., 412. City Mayo FL Zip Code 32066 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 a control of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a control of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a control of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a control of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a control of the purpose of changing its registered agent, or both, in the State of Florida.
JACKSON, MORRIS H ROUTE 2, BOX 1245 MAYO FL 32066 City Mayo City Mayo FL Zip Code 3ao66 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 a state of Florida. I am familiar with, and a state of Florida.
City Mayo FL Zip Code 3a066 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 a state of Florida.
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
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE
7 26 4 1
Make Check Payable to Florida Department of State
Due By May 1, 2003
ADDITIONS/CHANGES TO Delete TITLE MGRM ADDITIONS/CHANGES
Tockson Morris H.
STREET ADDRESS ROUTE 2, BOX 1245 STREET ADDRESS 620 S.E. County Rd. 412
AME JACKSON, MOHHIS H ROUTE 2, BOX 1245 MAYO FL 32066 NAME STREET ADDRESS CITY-ST-ZIP MAYO FL 32066 NAME STREET ADDRESS CITY-ST-ZIP MAYO FL 32066
TITLE Delete TITLE Change
WILE □ URBRE ■ MILE □ Shange □
VAME NAME
NAME STREET ADDRESS STREET ADDRESS
NAME STREET ADDRESS CITY-ST-ZIP CITYE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change
NAME STREET ADDRESS CITY-ST-ZIP CITLE Delete TITLE NAME NAME
NAME STREET ADDRESS CITY-ST-ZIP CITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS
NAME STREET ADDRESS CITY-ST-ZIP CITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE NAME TITLE
NAME STREET ADDRESS CITY-ST-ZIP ODelete TITLE NAME NAME
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME STREET ADDRESS CITY-ST-ZIP ITILE VAME STREET ADDRESS CITY-ST-ZIP
NAME STREET ADDRESS CITY-ST-ZIP ITILE VAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE Change Change Change Change Change NAME TITLE NAME TITLE NAME
NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

USIGNATURED MORRIS H. JOKSON

OTYPED OR PRINTED MAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE