

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90041 003 ****50.00

0045490

DOCUMENT # L01000021452

1. Entity Name

MORRIS JACKSON & SONS, LLC



Principal Place of Business

**ROUTE 2, BOX 1245
MAYO FL 32066**

Mailing Address

**ROUTE 2, BOX 1245
MAYO FL 32066**

2. Principal Place of Business

620 S.E. County Rd. 412

Suite, Apt. #, etc.

Mayo, FL

City & State

3. Mailing Address

620 S.E. County Rd. 412

Suite, Apt. #, etc.

Mayo, FL

City & State

Zip

32066

Country

USA

Zip

32066

Country

USA

6. Name and Address of Current Registered Agent

**JACKSON, MORRIS H
ROUTE 2, BOX 1245
MAYO FL 32066**

7. Name and Address of New Registered Agent

Name

Jackson, Morris H.

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

620 S.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 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 \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JACKSON, MORRIS H	
STREET ADDRESS	ROUTE 2, BOX 1245	
CITY-ST-ZIP	MAYO FL 32066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jackson, Morris H.	
STREET ADDRESS	620 S.E. County Rd. 412	
CITY-ST-ZIP	Mayo, FL 32066	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 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.

SIGNATURE: *Morris H. Jackson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/21/03

Date

386-294-1330

Daytime Phone #

CR2E083 (10/02)