

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90009 011 ***550.00

DOCUMENT # L98853

1. Entity Name
JACJON, INC.

Principal Place of Business
3421 DOGWOOD DRIVE
HAPEVILLE GA 30354

Mailing Address
3421 DOGWOOD DRIVE
HAPEVILLE GA 30354

2. Principal Place of Business
8800 20th St
 Suite, Apt. #, etc.

3. Mailing Address
3421 Dogwood Dr
 Suite, Apt. #, etc.

City & State
Vero Beach, FL
 Zip
32966 Country
USA

City & State
Hapeville GA
 Zip
30354 Country
USA

4. FEI Number
65-0227211

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

POTTS, DAVID
9150 BAYMEADOWS ROAD
JACKSONVILLE FL 32258

7. Name and Address of New Registered Agent

Name **DAVID POTTS**
 Street Address (P.O. Box Number is Not Acceptable)
9150 Bay Meadows Rd
 City **Jacksonville, FL** FL Zip Code **32256**

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 \$550.00
After September 12, 2001 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

TITLE	CEOP	<input checked="" type="checkbox"/> Delete
NAME	BATES, ED	
STREET ADDRESS	8800 20TH ST	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	COO	<input type="checkbox"/> Delete
NAME	POTTS, DAVID T	
STREET ADDRESS	8800 20TH ST	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	owner - CEOP	<input type="checkbox"/> Delete
NAME	RAY E. JUSTICE	
STREET ADDRESS	3421 Dogwood Dr.	
CITY-ST-ZIP	Hapeville, GA 30354	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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		

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:

RAY E. JUSTICE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/01 404-768-5901

CR2E034 (5/01)