

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001289

1. Entity Name

EDUCATIONAL INCENTIVE PROGRAM INCORPORATED

Principal Place of Business

638 W. 8TH STREET
LAKELAND FL 33805-4375

Mailing Address

P.O. BOX 854
LAKELAND FL 33802-0854

01/02/2001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN 17 PM 3:04



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1611824

Applied For

Not Applicable

Zip

Country

Zip

Country

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, ELIJAH JR
1500 WEST HIGHLAND STREET, #237
LAKELAND FL 33815

Name

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

700003552617--0

-01/17/01--01104--002

*****69.00 *****69.00

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.

ELIJAH JACKSON

ELIJAH JACKSON (TRUST) AND (INCORPORATED)

700003552617--0

-01/17/01--01104--003

*****1.00 *****1.00

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD JACKSON, ELIJAH 1500 WEST HIGHLAND STREET LAKELAND FL 33814	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOD JACKSON, DELSIA R 1500 WEST HIGHLAND STREET, #237 LAKELAND FL 33815-4293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOD SMITH, DEBBIE E 321 WEST BELMAR STREET LAKELAND FL 33803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C,M JACKSON, ELIJAH 1500 West Highland Street, #237, KMMHP LAKELAND, FLORIDA 33815 4293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD MCCLAIN, GEORGIA MAE 636 West 8th Street, LAKELAND, FLORIDA 33805 4375	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,O JACKSON, ELIJAH JR. 638 West 8th Street, LAKELAND, FLORIDA 33805 4375	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T,O ELIAS JACKSON 638 West 8th Street, LAKELAND, FLORIDA 33805 4375	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,O ELISABETH JAXCKSON 1500 West Highland Street, #237, KMMHP LAKELAND, FLORIDA 33815 4293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIJAH JACKSON (TRUST) AND (INC) 01/15/2001 863 616 1840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)