

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P00000004454*

1. Entity Name

JAY JACKSON'S CARPET

*CLEANING
INC.*

FILED

04 APR 30 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1659 FOLKSTONE RD

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 2461

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE, FLA

City & State

TALL, FLA

4. FEI Number

59-3617242

Applied For

Not Applicable

Zip

32312

Country

USA

Zip

32316

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAY P. JACKSON

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

1659 FOLKSTONE RD

City

TALLAHASSEE

FL

Zip Code

32312

**DO NOT WRITE
IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>PRES JAY P. JACKSON 1659 FOLKSTONE RD TALL, FL 32312</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>300036049383 05/11/04--01031--014 **150.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP TARA JACKSON 1659 FOLKSTONE RD TALL, FL 32312</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>RA</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TODD WHITE S 1405 WEEHAWEN DR TALL, FL 32301</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DAVID STEINMETZ 1800 MILLOSVILLE COMMONS #704 TALL, FL 32307</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)