

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0049473 AV

DOCUMENT # P00000004454

1. Entity Name
JAY JACKSON'S CARPET CLEANING INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 MAY 28 PM 2:32

Principal Place of Business
1659 FOLKSTONE ROAD
TALLAHASSEE FL 32316

Mailing Address
PO BOX 2461
TALLAHASSEE FL 32316-2461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3617242

Applied For
Not Applicable

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, JAY P
1659 FOLKSTONE ROAD
TALLAHASSEE FL 32316

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME JACKSON, JAY P
STREET ADDRESS 1659 FOLKSTONE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE NAME
NAME JACKSON, JAY P
STREET ADDRESS 1659 FOLKSTONE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE DVST
NAME JACKSON, TARA K
STREET ADDRESS 1659 FOLKSTONE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE NAME
NAME JACKSON, TARA K
STREET ADDRESS 1659 FOLKSTONE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312

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STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)