

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 26, 2001 08:00 AM****Secretary of State****DOCUMENT # P00000035003**1. Entity Name
JACKMAN INVESTMENTS, INC.Principal Place of Business
4712 S.R. 13 NORTH
JACKSONVILLE FL JACKSONVILLE FL
32259 32259Mailing Address
4712 S.R. 13 NORTH

2. Principal Place of Business

3. Mailing Address
445 STATE ROAD 13 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 26, #237

City & State

City & State
JACKSONVILLE FL

Zip Country

Zip Country
322594. FEI Number
59-3641104Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentJACKMAN RICHARD
4712 S.R. 13 NORTH
JACKSONVILLE FL
32259**7. Name and Address of New Registered Agent**

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.

SIGNATURE **RICHARD JACKMAN****07/26/2001**

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MR.	JACKMAN RICHARD	4712 S.R. 13 NORTH	FL 32259		
MS.	JACKMAN MIRANDA	4712 S.R. 13 NORTH	FL 32259		

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: Miranda JackmanMs. **07/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)