

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90041 013 ***150.00

DOCUMENT # P00000060969

1. Entity Name

JACKSON MARINE SERVICE, INC.

Principal Place of Business

**1615 N ATLANTIC AVE
COCOA BEACH FL 32931**

Mailing Address

**1615 N ATLANTIC AVE
COCOA BEACH FL 32931**

2. Principal Place of Business

1615 N. ATLANTIC AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

COCOA BEACH

City & State

COCOA BEACH

4. FEI Number

59-3662191

Applied For

☐ Not Applicable

Zip

FL

Country

USA

Zip

32931

Country

BREVARD

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JACKSON, CARMA L
1615 N ATLANTIC AVE
COCOA BEACH FL 32931**

7. Name and Address of New Registered Agent

Name **CARMA L. JACKSON**

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

1615 N. ATLANTIC AVE.

City **COCOA BEACH**

FL

Zip Code

32931

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 **CARMA L. JACKSON**

Signature, typed or printed name of registered agent and title if applicable.

CARMA L. JACKSON

(NOTE: Registered Agent signature required when reinstating)

3/16/01

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 State

10. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ~~PRESIDENT~~ ☐ Delete
NAME ~~JOSEPH M. JACKSON~~
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~VICE PRESIDENT~~ ☐ Delete
NAME ~~STEPHEN B. MILLER~~
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~SECRETARY/AGENT~~ ☐ Delete
NAME ~~CARMA L. JACKSON~~
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☐ Addition
NAME **JOSEPH M. JACKSON**
STREET ADDRESS **8509 N. ATLANTIC AVE.**
CITY-ST-ZIP **CAPE CANAVERAL, FL 32930**

TITLE **VICE PRESIDENT** ☐ Change ☐ Addition
NAME **STEPHEN B. MILLER**
STREET ADDRESS **421 JEFFERSON ST.**
CITY-ST-ZIP **CAPE CANAVERAL, FL 32930**

TITLE **SECRETARY/AGENT** ☐ Change ☐ Addition
NAME **CARMA L. JACKSON**
STREET ADDRESS **8509 N. ATLANTIC AVE.**
CITY-ST-ZIP **CAPE CANAVERAL, FL 32930**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **CARMA L. JACKSON** **CARMA L. JACKSON** **3/16/01** **783-9666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0079759

CR2E034 (10/00)