

2001 UNIFORM BUSINESS REPORT (UBR)

09-17-2001 90012 021 ****550:00

P00000064336

FILED

01 OCT -8 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000064336

1. Entity Name
JIGG'S LANDING, INC.

Principal Place of Business
**6106 BRADEN RIVER RD.
BRADENTON FL 34203**

Mailing Address
**6106 BRADEN RIVER RD.
BRADENTON FL 34203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1785223

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

**SCHOFIELD, P. ALLEN
1429 60TH AVE. WEST, STE. 300
BRADENTON FL 34207**

Name

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

City

FL

Zip Code

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) ☒

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **COURSON, CARROLL RAY**
STREET ADDRESS **6106 BRADEN RIVER RD.**
CITY-ST-ZIP **BRADENTON FL 34203**

TITLE **V/S** ☒ Change ☐ Addition
NAME **Courson, Carroll Ray**
STREET ADDRESS **6106 Braden River Rd**
CITY-ST-ZIP **BRADENTON, FL 34203**

TITLE **D** ☒ Delete
NAME **COURSON, DAVID W**
STREET ADDRESS **6106 BRADEN RIVER RD.**
CITY-ST-ZIP **BRADENTON FL 34203**

TITLE **C/P/T** ☒ Change ☐ Addition
NAME **Courson, David W.**
STREET ADDRESS **1476 Enterprise/1st St Rd**
CITY-ST-ZIP **Enterprise, FL 32725**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-28-01

CR2034 (5/01)