## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2002 8:00 am Secretary of State DOCUMENT # P00000066759 1. Entity Name 05-14-2002 90295 027 \*\*\*150.00 JACKSON MANAGEMENT, INC. Mailing Address Principal Place of Business 1118 8TH AVE W 1118 8TH AVE W PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-1079640 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACKSON, ERIC D Street Address (P.O. Box Number is Not Acceptable) 1118 8TH AVE WEST PALMETTO FL 34221 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition **PSTD** TITLE ☐ Delete TITLE JACKSON, ERIC NAME NAME 1118 8TH AVE W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALMETTO FL 34221 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDITIESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP : ☐ Delete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eport 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 any attachment with an address, with all other like empowered.

SIGNATURF::

ED OR PRINTED NAME OF SIGNI

**FILED**