

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90208 036 \*\*\*150.00

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**DOCUMENT #** P00000082608

**1. Entity Name**  
JIM AKERS, INC.



**Principal Place of Business**  
166 COLEMAN ST.  
EDGEWATER FL 32141

**Mailing Address**  
166 COLEMAN ST.  
EDGEWATER FL 32141

**2. Principal Place of Business**  
286 Navajo Drive  
Suite, Apt. #, etc.

**3. Mailing Address**  
286 Navajo Drive  
Suite, Apt. #, etc.

**City & State** Oak Hill, Florida  
**Zip** 32759 **Country** USA

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**Zip** 32759 **Country** USA

**4. FEI Number** 59-3662265 **Applied For** Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

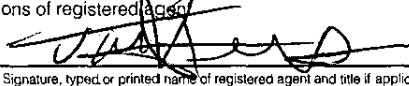


CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**  
AKERS, JIM  
166 COLEMAN ST.  
EDGEWATER FL 32141

**7. Name and Address of New Registered Agent**  
**Name** Same  
**Street Address** (P.O. Box Number is Not Acceptable) 286 Navajo Drive  
**City** Oak Hill **FL** **Zip Code** 32759

**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**  **DATE** April 23, 2003

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**  
**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**

<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	AKERS, JAMES W
<b>STREET ADDRESS</b>	166 COLEMAN ST
<b>CITY-ST-ZIP</b>	EDGEWATER FL 32141
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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:**  **DATE** April 23, 2003 **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)