

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

ATX1

<b>DOCUMENT #</b> P01000030337	
<b>1. Entity Name</b>	
M.J. Fiberglass & Gelcoat Repairs, Inc.	

FILED  
05 JUL 18 PM 2: 52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 222 NW 84th Way Suite, Apt. #, etc.		<b>3. Mailing Address</b> 222 NW 84th Way Suite, Apt. #, etc.	
<b>City &amp; State</b> Coral Springs, Florida		<b>City &amp; State</b> Coral Springs, Florida	
<b>Zip</b> 33071	<b>Country</b> USA	<b>Zip</b> 33071	<b>Country</b> USA

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-1093980		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> Santha C. Jackson	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 222 NW 84th Way	
<b>City</b> Fort Lauderdale	<b>Zip Code</b> 33071

**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** Santha Jackson **Santha C. Jackson** **3/15/2005**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	President/CEO/Director Jackson, Michael A 222 NW 84th Way Coral Springs, Florida 33071
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Exec. Vice President/Director Jackson, Santha C. 222 NW 84th Way Coral Springs, Florida 33071
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Board Advisor/Ex-Officio Rodriguez, Clifton 3146 NW 68 Street, Ste. No.1 Fort Lauderdale, Florida 33309-1206
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**11.**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	100057717781 07/20/05--01046--012 **150.00
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Michael Jackson **Michael A. Jackson** **3/15/2005** **(954)509-2036**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

## Florida Department of State, Division of Corporations

www.sunbiz.org

www.sunbiz.org

## Public Inquiry

## Florida Profit

## M.J.'S FIBERGLASS &amp; GELCOAT REPAIRS, INC.

## PRINCIPAL ADDRESS

222 NW 84TH WAY

POMPANO BEACH FL 33071

Changed 03/31/2004

## MAILING ADDRESS

222 NW 84TH WAY

POMPANO BEACH FL 33071

Changed 03/31/2004

Document Number  
P01000030337FEI Number  
651093980Date Filed  
03/26/2001State  
FLStatus  
ACTIVEEffective Date  
NONE

## Registered Agent

Name & Address
JACKSON, SANTHA C 222 NW 84TH WAY CORAL SPRINGS FL 33071
Name Changed: 03/31/2004
Address Changed: 03/31/2004

## Officer/Director Detail

Name & Address	Title
JACKSON, MICHAEL A 222 NW 84TH WAY CORAL SPRINGS FL 33071	PCEO
JACKSON, SANTHA C 222 NW 84TH WAY CORAL SPRINGS FL 33071	EXEV
RODRIGUEZ, CLIFTON H CPA 3146 NW 68 ST., STE. NO. 1	

FORT LAUDERDALE FL 33309-1206

BA

## Annual Reports

Report Year	Filed Date
2002	04/03/2002
2003	03/05/2003
2004	03/31/2004

[Previous Filing](#)[Return to List](#)[Next Filing](#)

No Events

No Name History Information

## Document Images

Listed below are the images available for this filing.

[03/31/2004 -- ANN REP/UNIFORM BUS REP](#)  
[03/05/2003 -- ANN REP/UNIFORM BUS REP](#)  
[04/03/2002 -- COR - ANN REP/UNIFORM BUS REP](#)  
[04/06/2001 -- P01000030337](#)  
[03/26/2001 -- Domestic Profit](#)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)[Corporations Help](#)Keyed Note07/05/05  
CR

@ Incorrect city. The city should have been  
 "Coral Springs" not "Pompano Beach". This may  
 have contributed to our client NOT receiving  
 their UBR notice in a timely manner. This  
 administrative error was committed by DOS, and  
 thus no penalty (\$400.00) should be attributed to  
 our client.

Regards,  
 CL, Fred H. Rodriguez, CPA