

FILED  
Mar 17, 2003 8:00 am  
Secretary of State

03-17-2003 91079 027 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000047619

1. Entity Name  
E. JACKSON ENTERPRISES, INC.



Principal Place of Business  
2015 LEM TURNER ROAD  
CALLAHAN, FL 32011

Mailing Address  
2015 LEM TURNER ROAD  
CALLAHAN, FL 32011



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
1499 S KING ROAD  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 734  
Suite, Apt. #, etc.

City & State  
CALLAHAN FL  
Zip  
32011  
Country  
NASSAU

City & State  
CALLAHAN FL  
Zip  
32011  
Country  
NASSAU

4. FEI Number  
59-3718840

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent:

FRAN'S TAX SERVICE, INC.  
2015 LEM TURNER ROAD  
CALLAHAN, FL 32011

7. Name and Address of New Registered Agent

Name  
FRAN'S TAX SERVICE INC  
Street Address (P.O. Box Number is Not Acceptable)

1499 S KING ROAD  
City  
CALLAHAN FL Zip Code  
32011

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: Frances M. Caudle for Fran's Tax Service Inc  
Signature, typed or printed name of registered agent and title if applicable.

3-13-03  
DATE

(NOTE: Registered Agent's 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JACKSON, EUGENE O  
625 LAWTON AVE  
JACKSONVILLE, FL 32208 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JACKSON, VIRGINIA S  
625 LAWTON AVE  
JACKSONVILLE, FL 32208 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
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☐ Change ☐ Addition

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: Virginia S. Jackson V.Pres. 3/13/03 904-879-1974  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)