

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90081 025 ***150.00

DOCUMENT # P01000059643

1. Entity Name
JACKSON ASSOCIATES INTERNATIONAL INC.

Principal Place of Business

4460 HODGES BLVD.
620
JACKSONVILLE FL 32224
US

Mailing Address

4460 HODGES BLVD.
620
JACKSONVILLE FL 32224
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13700 SUTTON PARK DR. N.
111

3. Mailing Address

13700 SUTTON PARK DR. N.
111

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

03-0392984

Applied For

Not Applicable

Zip

32224

Country

FLORIDA

Zip

32224

Country

FLORIDA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, ROBERT E
4460 HODGES BLVD.
620
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name **ROBERT E. JACKSON**

Street Address (P.O. Box Number is Not Acceptable) **13700 SUTTON PARK DR. N.**

SUITE #111

City **JACKSONVILLE**

FL

Zip Code **32224**

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)

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	C	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C/PLD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT E. JACKSON	
STREET ADDRESS	13700 SUTTON PARK DR. N., #111	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	KAY E. JACKSON, S/T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAY E. JACKSON, S/T/D	
STREET ADDRESS	13700 SUTTON PARK DR. N., #111	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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: *Robert E. Jackson* **ROBERT E. JACKSON** **4/27/02** **904/323/9482**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #