

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90167 027 \*\*\*150.00

DOCUMENT # P01000064810

1. Entity Name

THE JEFFERSON COMPANY, INC.



Principal Place of Business  
1926 CELTIC RD  
TALLAHASSEE FL 32317

Mailing Address  
PO BOX 16224  
TALLAHASSEE FL 32317

2. Principal Place of Business

3591 Kittery Drive  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 391311  
Suite, Apt. #, etc.

City & State

Snellville, Georgia

City & State

Snellville, Georgia

Zip

30039

Country

U.S.

Zip

30039

Country

U.S.

4. FEI Number

59-3732796

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

JEFFERSON, NEHEMIAH L  
1926 CELTIC CIRCLE  
TALLAHASSEE FL 32317

7. Name and Address of New Registered Agent

Name: Nehemiah Jefferson  
Street Address (P.O. Box Number is Not Acceptable)  
2954 Giverny Circle  
City: Tallahassee FL Zip Code: 32309

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: Nehemiah L. Jefferson 2/22/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D	<input type="checkbox"/> Delete
NAME	JEFFERSON, NEHEMIAH L	
STREET ADDRESS	1926 CELTIC RD	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nehemiah L. Jefferson	
STREET ADDRESS	3591 Kittery Drive	
CITY-ST-ZIP	Snellville, GA 30039	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valarie Jefferson	
STREET ADDRESS	3591 Kittery Drive	
CITY-ST-ZIP	Snellville, GA 30039	
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 (10/02)

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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/03 (770)337-8963  
Date Daytime Phone #