

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91759 009 ***550.00

DOCUMENT # P01000108940

1. Entity Name

JACKSON DEVELOPMENT OF ALABAMA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7410 Wittmer Ranch Rd.

3. Mailing Address

625 Oak Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Laurel Hill, FL

City & State

Green Cove Sps., FL

4. FEI Number

59-3756000

Applied For

Not Applicable

Zip

Country

US

Zip

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

George B. Wittmer

Street Address (P.O. Box Number is Not Acceptable)

7410 Wittmer Ranch Rd.

City

Laurel Hill, FL

Zip Code
32567

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 file if applicable.

(NOTE: Registered Agent signature is required when reissuing)

DATE

5/15/02

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
P	George B. Wittmer	7410 Wittmer Ranch Rd.	Laurel Hill, FL 32567
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Photo #