


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

1/3

01-31-2003 90088 022 ***150.00

DOCUMENT # P02000013087					
1. Entity Name JACKSON & JACKSON PROPERTIES, INC.					
Principal Place of Business 7305 ROYAL OAK DRIVE SPRING HILL FL 34607			Mailing Address 7305 ROYAL OAK DRIVE SPRING HILL FL 34607		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 37-1420033	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JACKSON, LESLIE R 7305 ROYAL OAK DRIVE SPRING HILL FL 34607			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	D/VP/Asst S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACKSON, LESLIE R	NAME			
STREET ADDRESS	7305 ROYAL OAK DRIVE	STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34607	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACKSON, PATRICIA A	NAME			
STREET ADDRESS	7305 ROYAL OAK DRIVE	STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34607	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	P/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	JACKSON, RONALD L		
STREET ADDRESS		STREET ADDRESS	7305 ROYAL OAK DRIVE		
CITY-ST-ZIP		CITY-ST-ZIP	SPRING HILL FL 34607		
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
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CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

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:  **LESLIE JACKSON** **1/24/03** **30-650-9257**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)