2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000047973

1. Entity Name
JACKTONY MANAGEMENT CORPORATION

Principal Place of Business
1324 SEVEN SPRINGS BLVD., SUITE 176
NEW PORT RICHEY FL 34655

Mailing Address
1324 SEVEN SPRINGS BLVD., SUITE 176
NEW PORT RICHEY FL 34655

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4532 US Hwy 19
Suite, Apt. #, etc.
#176 2nd FLOOR
City & State
NEW PORT RICHEY, FL
Zip 34652   Country USA

3. Mailing Address
4532 US Hwy 19
Suite, Apt. #, etc.
Second FLOOR
City & State
NEW PORT RICHEY, FL
Zip 34652   Country USA

4. FEI Number
35-2167475
Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUBLEY & BUBLEY, P.A.
3820 NORTHDALE BLVD., SUITE 312
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

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

City   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 _____
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME SPEZZA, ANTHONY STREET ADDRESS 5080 N. OCEAN DR., APT. #21C CITY-ST-ZIP SINGER ISLAND FL 33404	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE D NAME SPEZZA, JACKIE STREET ADDRESS 5080 N. OCEAN DR., APT. #21C CITY-ST-ZIP SINGER ISLAND FL 33404	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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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: _Anthony Spezza_   1/31/03   727-656-9867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #