

10-2

FILED


03 OCT 16 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000053548

1. Entity Name
SHALYBIA JACKSON INC.



Principal Place of Business
15171 NW 4 AVE
CITRA, FL 32113

Mailing Address
PO BOX 140322
GAINESVILLE, FL 32614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

10-10-03 01076 003 \$150.00
90156641



CHECK HERE IF MAKING CHANGES

4. FBI Number
73-1646007

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, SHALYBIA
15171 NW 4 AVE
CITRA, FL 32113

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 _____ DATE _____

Signature typed or printed name of registered agent and UBR F applicant. (NOTE: Registered Agents cannot represent other entities.)



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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, LEE	NAME	
STREET ADDRESS	PO BOX 732	STREET ADDRESS	
CITY-ST-ZIP	ORANGE LAKE, FL 20691	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, MARY	NAME	
STREET ADDRESS	PO BOX	STREET ADDRESS	
CITY-ST-ZIP	REDDICK, FL 32686	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLINTON, LAVETT	NAME	
STREET ADDRESS	PO BOX 307	STREET ADDRESS	
CITY-ST-ZIP	CITRA, FL 32113	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, SHAKIRA	NAME	
STREET ADDRESS	15171 NW 4 AVE	STREET ADDRESS	
CITY-ST-ZIP	CITRA, FL 32113	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(1), 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 fee empowered.

SIGNATURE: Shalybia Jackson DATE: 9-9-03

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

CROSS (10/02)

B

20f2

October 14, 2003

To whom it may concern. I, Shalysia Jackson, did not receive the profit annual report in a timely manner because of change of address. The post office did not forward my mail in a timely manner. If you have any questions, please contact me at (352) 595-3262 or (352) 286-6461.

Thank you,

Shalysia Jackson