

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000028983

1. Entity Name

JACKSON TOTAL SERVICE, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90011 043 ***158.75

Principal Place of Business

3727 ENTERPRISE AVE
NAPLES FL 34104
US

Mailing Address

PO BOX 9589
NAPLES FL 34101-9589
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0406161

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASTIAN, RUBEN
3727 ENTERPRISE AVE
NAPLES FL 34104

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

D
ABBOTT, RICHARD R
256 PEBBLE BEACH CIR
NAPLES FL 34113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

PTD
PASTIAN, RUBEN
1063 29TH AVE N
NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

VSD
RINGO, NEILISA
123 FOX GLEN DRIVE
NAPLES FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

D
WEITHMAN, GILBERT
6000 PELICAN BAY BLVD
NAPLES FL 33963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

D
JACKSON, PAUL DEAN
310 BURNING TREE DRIVE
NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)