

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 23, 2001 8:00 am**
Secretary of State

03-23-2001 90034 037 ***158.75

DOCUMENT # P93000028983**1. Entity Name**
JACKSON TOTAL SERVICE, INC.**Principal Place of Business****3727 ENTERPRISE AVE**
NAPLES FL 34104
US**Mailing Address****PO BOX 9589**
NAPLES FL 34101
US**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 65-0406161

Applied For

Not Applicable

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

Neilisa Ringo

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

3727 Enterprise Ave

City

Naples

FL

Zip Code

34104**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****Neilisa Ringo Neilisa Ringo President****3/10/01**

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, 2001 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 **D** ☐ Delete
NAME **ABBOTT, RICHARD R**
STREET ADDRESS **256 PEBBLE BEACH CIR**
CITY-ST-ZIP **NAPLES FL 34113**TITLE **VSD** ☒ Change ☐ Addition
NAME **Abbott, Richard R**
STREET ADDRESS **256 Pebble Beach Cir**
CITY-ST-ZIP **Naples, FL 34113**TITLE **PTD** ☐ Delete
NAME **PASTIAN, RUBEN**
STREET ADDRESS **1063 29TH AVE N**
CITY-ST-ZIP **NAPLES FL**TITLE **D** ☒ Change ☐ Addition
NAME **Pastian, Ruben**
STREET ADDRESS **1344 Derbyshire Cir #D101**
CITY-ST-ZIP **Naples, FL 34116**TITLE **VSD** ☐ Delete
NAME **RINGO, NEILISA**
STREET ADDRESS **123 FOX GLEN DRIVE**
CITY-ST-ZIP **NAPLES FL 34104**TITLE **PTD** ☒ Change ☐ Addition
NAME **Ringo, Neilisa**
STREET ADDRESS **123 Foxglen Dr**
CITY-ST-ZIP **Naples, FL 34104**TITLE **D** ☐ Delete
NAME **WEITHMAN, GILBERT**
STREET ADDRESS **28910 MARSH ELDER COURT**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **JACKSON, PAUL DEAN**
STREET ADDRESS **310 BURNING TREE DRIVE**
CITY-ST-ZIP **NAPLES FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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: Neilisa A Ringo, Pres Neilisa A Ringo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/01

Date

941-643-0923

Daytime Phone #

CR2E034 (10/00)