

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000061813

1. Entity Name

JACK LOFTON, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90009 047 ***150.00

Principal Place of Business 422 ALACHUA DR., SE WINTER HAVEN FL 33884 US	Mailing Address ROUTE 3 BOX 106 TAYLORSVILLE MS 39168-9903 US
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2. Principal Place of Business <i>Route 3</i>	3. Mailing Address
Suite, Apt. #, etc. <i>Box 106</i>	Suite, Apt. #, etc.

City & State <i>Taylorsville, MS</i>	City & State
Zip <i>39168-9903</i>	Country <i>US</i>



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3204695	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOFTON, JACK 422 ALACHUA DR., SE WINTER HAVEN FL 33884	7. Name and Address of New Registered Agent Name: <i>MICHAEL J. Hiemer</i> Street Address (P.O. Box Number is Not Acceptable) <i>9230 Brindlewood Drive</i> City: <i>Odessa</i> FL Zip Code: <i>33566</i>
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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)

4/13/00
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	<i>PSTD LOFTON, JACK 422 ALACHUA DR., SE WINTER HAVEN FL</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>RT3 Box 106 Taylorsville, MS 39168</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

4-13-00

601-729-4479