2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P9400043393 1. Entity Name JACKSON ADJUSTMENT CO., INC.					Secretary of State 01-23-2002 90008 047 ***150.00		
Principal Place 6092 SABAL I PORT ORANG	e of Business JAMMOCK CIRCLE E FL 32127	Mailing Address 1648 TAYLOR RD PMB 408 PORT ORANGE FL 32124					
2. Principal Place of Business		3. Mailing Address			I (Brigge) (1 4 1614; Breit Br igh Brigh Brigh	HOUR DIDOR HITTORY	Saide mus noón —
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. F	59-3250100	— —	plied For t Applicable
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. 1	Name and Address of New Registe	red Agent	
			Name				
JACKSON, ROBERT W 6092 SABAL HAMMOCK CIRCLE			Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
PORT OR	ANGE FL 32127	City		 .		FL Zip Code	e
						FL	
Tax filing r	Signature, typed or printed name of registered agent bration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! After May 1, 2002 Make Check Payable	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		10. Election Campaign Financin	□1 (Added	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSON, ROBERT W 4338 S. ATLANTIC AVE. PONCE INLET FL	DIRECTORS WEARS & CONST	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACK:	DITIONS/CHANGES TO OFFICERS SOU ROBERT SABAL HAMMOCK ORANGE FL 32	CIRCLE	SINT N类:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	;	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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13. I hereby of indicated of the corchanged	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address.	n this filing does not qualify for the strue and accurate and that my owered to execute this peport as with all other like empowered.	he exemption star r signature shall h s required by Cha	ted in Section ave the same apter 607, Flor	119.07(3)(i), Florida Statutes. I furth- legal effect as if made under oath; t ida Statutes; and that my name app	er certify that the in hat I am an officer ears in Block 11 or	nformation or director r Block 12 if