

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-02 APPROVED  
AND  
FILED

pg 192

DOCUMENT # 094000050416

1. Entity Name

Myers Jackson Contracting

02 APR 16 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9163 Ledge Lane

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 370

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee FL

Zip

32310

Country

US

City & State

Gainesville GA

Zip

31717

Country

US

4. FEI Number

59-3258705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

EDGAR FOLSON

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

9163 Ledge Lane

City

Tallahassee

FL

Zip Code

32310

**DO NOT WRITE  
IN THIS SPACE**

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]  
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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P  
Myers Jackson  
718 Boonville Club Rd  
Gainesville GA 31717

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

600005291856--E

-04/18/02--01017--001

\*\*\*\*300.00 \*\*\*\*300.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP  
Edgar Folsom  
9163 Ledge Lane Tallahassee FL  
32310

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP  
Rodger Roper  
718 Boonville Club Rd  
Gainesville GA 31717

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

**SP**

04/16/02

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

16 APR 2002 850 567 7202

CR2E034B (12/01)

I did not receive renewal application in the  
mail. Please Review.

Handwritten signature

245-8062