

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90156 038 ***150.00

DOCUMENT # P94000064482 ✓

1. Entity Name

Jackson Federal Mortgage Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3015 Hartley Rd.

Suite, Apt. #, etc.

#16

3. Mailing Address

3015 Hartley Rd.

Suite, Apt. #, etc.

#16

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3260956

Applied For

Not Applicable

Zip

32257

Country

United States

Zip

32257

Country

United States

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Jackson Federal Mfg Corp
C. Randolph Coleman P.A.

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

3015 Hartley Rd. #16
9250 Baymeadows Rd. #230

City Jacksonville Jacksonville FL

Zip Code

32257

**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.

N/A

SIGNATURE

Signature of person or persons authorized to change 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
President	Larry Smith	3015 Hartley Rd. #16	Jacksonville, FL 32257
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Smith 4/19/02 (904) 880-4002

Date

Daytime Phone #

CR2E034B (12/01)