

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020512

1. Entity Name

JBS INCORPORATED PARENT CORPORATION

Principal Place of Business

Mailing Address

638 W. 8TH STREET  
LAKELAND FL 33805-4375  
US

PO BOX 92895  
JBS EXECUTIVE OFFICES  
LAKELAND FL 33804-2895  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, ELIJAH J  
1500 W HIGHLAND ST  
#L-237 KINGS MANOR MHP  
LAKELAND FL 33815-4293

Name

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

City

FL

Zip Code

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

ELIJAH JACKSON (TRUST) AND (INCORPORATED)

01 22/2001 [01/15/2001]

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

TITLE	C	<input type="checkbox"/> Delete
NAME	JACKSON, ELIJAH J	
STREET ADDRESS	638 WEST 8TH STREET	
CITY-ST-ZIP	LAKELAND FL 33805-4375	
TITLE	P	<input type="checkbox"/> Delete
NAME	JACKSON, ELIJAH J	
STREET ADDRESS	638 WEST 8TH STREET	
CITY-ST-ZIP	LAKELAND FL 33805-4375	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JACKSON, ELISHA	
STREET ADDRESS	638 W8TH ST, POB 92895	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JACKSON, ELIAS	
STREET ADDRESS	638 W 8TH ST, POB 92895	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JACKSON, ELISABETH	
STREET ADDRESS	638 W 8TH ST, POB 92895	
CITY-ST-ZIP	LAKELAND FL 95	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C, M, O	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ELIJAH	
STREET ADDRESS	1500 West Highland Street, #237, KMMHP	
CITY-ST-ZIP	LAKELAND, FLORIDA 33815 4293	
TITLE	OD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLAIN, GEORGIA MAE (ESTATE)	
STREET ADDRESS	636 West 8th Street	
CITY-ST-ZIP	LAKELAND, FLORIDA 33805 4293	
TITLE	VP, S, O	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, DELSIA R.	
STREET ADDRESS	1500 West Highland Street, #237, KMMHP	
CITY-ST-ZIP	LAKELAND, FLORIDA 33815 4293	
TITLE	T, O, VP,	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ELIAS	
STREET ADDRESS	638 West 8th Street	
CITY-ST-ZIP	LAKELAND, FLORIDA 33805	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, DELESIA	
STREET ADDRESS	638 West 8th Street	
CITY-ST-ZIP	LAKELAND, FLORIDA 33805	

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:

ELIJAH JACKSON (TRUST) AND (INC.) 01/15/2001 (863) 616 1840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90128 046 \*\*\*158.75

00003860



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3065838

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CR2E034 (10/00)

0528441