

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-07-2002 90242 049 ***150.00

DOCUMENT # **P95000027073**
1. Entity Name
JACSON INSURANCE CONSULTANTS, INC

30240

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **Circle 6** 3. Mailing Address
11094 WINDSOR PLACE **11094 WINDSOR PLACE Circle 6**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Tampa, FL** City & State **Tampa, FL**
Zip **33626** Country **Hillsborough** Zip **33626** Country **Hillsborough**

4. FEI Number **59-3312430** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JACK L. JOHNSON**

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

11094 WINDSOR PLACE Circle

City **Tampa**

FL

Zip Code **33626**

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 renewing)

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 **Jack L. Johnson**
NAME
STREET ADDRESS **11094 WINDSOR PLACE Circle**
CITY-ST-ZIP **Tampa, FL 33626**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Sonia Murray Johnson**
NAME
STREET ADDRESS **11094 WINDSOR PLACE Circle**
CITY-ST-ZIP **Tampa, FL 33626**

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CR2E034B (12/01)

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:

Jack L. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

4/24/02 8138142776
Date Daytime Phone #