2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P95000053609

1. Entity Name

REEGER-JACKSON ASSOCIATES; INC.

Principal Place of Business 2441 NW 43RD STREET, UNIT 26 GAINESVILLE FL 32606 Mailing Address

2441 NW 43RD STREET. UNIT 26

GAINESVILLE FL 32606

04-02-2003 90339 001 ***317.50



2. Principal Place of Business 9944 SW 52 9944 SW 5 CHECK HERE IF MAKING CHANGES City & State Applied For 4. FEI Number GAINESVILLE, FL. 59-3324414 GAINESNILLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACKSON, DAVID M Street Address (P.O. Box Number is Not Acceptable) 2441 NW 43RD ST UNIT 26 GAINESVILLE FL 32606 8. The above named entity submits this statement for the purpose of changing its entired office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550/00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition ☐ Delete TITLE TITLE JACKSON, DAVID M NAME NAME STREET ADDRESS 2441 NW 43RD STREET, UNIT 26 STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32606** CITY-ST-ZIP TITLE DPT ☐ Delete TITLE NAME JACKSON, DAVID M NAME STREET ADDRESS STREET ADDRESS 2441 NW 43RD STREET, UNIT 26 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32606 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachment with an a

SIGNATURE AND TYPED OF PRINTED NAME OF GIGNING OF CER OR DIRECTOR

3/30/68
Date / Daytime Phone #

CR2E034 (10