

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000071904

1. Entity Name

JACKSON'S PAINTING & COATINGS, INC.

Principal Place of Business

RT. 14, BOX 331-4
LAKE CITY FL 32024

Mailing Address

RT. 14, BOX 331-4
LAKE CITY FL 32024

2. Principal Place of Business

3. Mailing Address

Rt #9 Box 4535

Rt #9 Box 4535

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake City, FL

Lake City, FL

Zip

Country

Zip

Country

32024

Columbia

32024

Columbia

6. Name and Address of Current Registered Agent

4. FEI Number

59-3332533

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Jackson, Sharon L

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

Rt #9 Box 4535

City

Lake City

FL

Zip Code

32024

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 reinstating)

DATE

Sharon Jackson / Sharon Jackson

3/16/01

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 D
NAME JACKSON, BENJAMIN W
STREET ADDRESS RT. 14, BOX 331-4
CITY-ST-ZIP LAKE CITY FL 32024

Delete

TITLE D
NAME JACKSON, SHARON L
STREET ADDRESS RT. 14, BOX 331-4
CITY-ST-ZIP LAKE CITY FL 32024

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Jackson, Benjamin W
NAME RT #9 Box 4535
STREET ADDRESS Lake City, FL 32024
CITY-ST-ZIP

Change Addition

TITLE Jackson, Sharon L
NAME RT #9 Box 4535
STREET ADDRESS Lake City, FL 32024
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Sharon Jackson / Sharon Jackson 3/16/01 (904) 752-3994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90205 005 ***150.00



DO NOT WRITE IN THIS SPACE

047215

CR2E034 (10/00)