

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096931

1. Entity Name

JACKSON OF AMERICA, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90023 050 ***550.00

Principal Place of Business

3460 CRYSTAL ST.
GOTHA FL 34734

Mailing Address

P.O. BOX 943
WINDEREMERE FL 34734-4606

2. Principal Place of Business

3460 Crystal St

Suite, Apt. #, etc.

City & State

Gotha, FL

Zip

34734

Country

ORANGE

3. Mailing Address

PO Box 208

Suite, Apt. #, etc.

City & State

Gotha, FL

Zip

34734

Country

ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3356522

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, TARA
3460 CRYSTAL ST
GOTHA FL 34134

7. Name and Address of New Registered Agent

Name

Brian M Jackson

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

3460 Crystal St

City

Gotha

FL

Zip Code

34734

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

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	JACKSON, TANNA P	
STREET ADDRESS	3460 CRYSTAL ST.	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jackson Brian M	
STREET ADDRESS	3460 Crystal St.	
CITY-ST-ZIP	Gotha, FL. 34734	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian M Jackson

Date

6-16-00

Daytime Phone #