

2000 UNIFORM BUSINESS REPORT (UBR)

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

07-19-2000 90023 050 ***550.00

DOCUMENT # P95000096931

1. Entity Name
JACKSON OF AMERICA, INC.

Principal Place of Business Mailing Address
3460 CRYSTAL ST. **P.O. BOX 943**
GOTHA FL 34734 **WINDEREMERE FL 34734-4606**

2. Principal Place of Business 3460 Crystal St		3. Mailing Address PO Box 208	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Gotha, FL		City & State Gotha, FL	
Zip 34734	Country ORANGE	Zip 34734	Country ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3356522		<input checked="" type="checkbox"/> Applied For
		<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, TANNA P 3460 CRYSTAL ST. GOTHA FL 34734	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jackson Brian M 3460 Crystal St. Gotha, FL. 34734
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: Brian M Jackson **Brian M Jackson** Date: **6-16-00** Daytime Phone # _____