2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000097640 DOCUMENT

CACTUS JACKS ENTERPRISES, INC.



FILED Jan 14, 2003 8:00 am Secretary of State

01-14-2003 90064 002 ***150.00

Principal Place of Business 23740 HWY. 314 N.E. SALT SPRINGS FL 32134		Mailing Address 23740 HWY. 314 N.E. SALT SPRINGS FL 32134					
2. Principal	Place of Business	3. Mailing Address		<u> </u>			
Suite, Ap	nt # etc					•	
		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & St	ate	City & State			4. FEI Number 59-3348243		Applied For
Zip	Country	Zìp	Country			\$8.75	Not Applicable
	6. Name and Address of Current	Registered Agent	<u> </u>		5. Certificate of Status Desired	' Fee Requ	rired
		negistered Agent	- 	Vame	7. Name and Address of New Registe	ered Agent	
_JEPSON,			-				
	LL AVENUE			Street Address (F	P.O. Box Number is Not Acceptable)		
PALATKA	FL 32177				· · · · · · · · · · · · · · · · · · ·	, , <u>, , , , , , , , , , , , , , , , , </u>	
				City		FL Zip Co	ode
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered o	ffice or registere	d agent, or both, in the State of Florida 1	am familiar wit	n and accost
7							, and docept
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	E: Registered Age	int signature required w	hon rejectation)		
F	FILE NOW!!! FEE IS \$150.00		- riogististed Age	int signature reduired w	nen reinstating)	ATE.	
Afte Make Check	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			 Election Campaign Financing Trust Fund Contribution. 	<u> </u>	00 May Be ed to Fees
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11
	ANDERSON, JACK	☐ Delete	TITLE NAME		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
STREET ADDRESS	23740 HWY. 314 N.E.		STREET ADD	ORESS			
CITY-ST-ZIP	SALT SPRINGS FL 32134		CITY-ST-ZI	P			
NAME		Delete `	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADD	PRESS			
CITY-ST-ZIP		·	CITY-ST-ZI	P			
TITLE NAME	, .	Delete -	- TITLE	*	and an included the second	☐ Change	Addition
STREET ADDRESS			NAME STREET ADD	RESS			
CITY-ST-ZIP			CITY-ST-ZIF	,			
TITLE NAME		☐ Delete	TITLE			☐ Change	☐ Addition
STREET ADDRESS			NAME STREET ADDA	RESS			_
CITY-ST-ZIP			CITY-ST-ZIP	I			
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition
TREET ADDRESS			NAME Street Addr	Ecc			
ITY-ST-ZIP	·		CITY-ST-ZIP	T .			1
ITLE AME		☐ Delete	TITLE			☐ Change	Addition .
TREET ADDRESS	••		NAME		• • • • •	onange	L. AGGIGOTI
ITY-ST-ZIP.		· .	STREET ADDR			•	- •
 I hereby ce indicated or of the corporation changed, or 	rtify that the information supplied with this in this report or supplemental report is tru pration or the receiver or trustee empower on an attachment with an address with	s filing does not qualify for the e and accurate and that may red to exercise this report as all offertive empowered	ne exemption	stated in Sectio all have the same Chapter 607, Flo	n 119.07(3)(i), Florida Statutes. I further o e legal effect as if made under oath; that orida Statutes; and that my name appears	ertify that the in I am an officer of in Block 10 or	formation or director Block 11 if

SIGNATURE: X

Daytime Phone #