

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90175 001 \*\*\*150.00

**DOCUMENT # P96000063553**

1. Entity Name  
**JAAKSON AND ASSOCIATES, INC.**



Principal Place of Business  
**628 SW 8 TERRACE**  
**FT LAUDERDALE FL 33315**

Mailing Address  
**628 SW 8 TERRACE**  
**FT LAUDERDALE FL 33315**

2. Principal Place of Business  
**601 SW 8 Terrace**  
Suite, Apt. #, etc.

3. Mailing Address  
**601 SW 8 Terrace**  
Suite, Apt. #, etc.

City & State  
**FT Lauderdale**  
Zip  
**33315** Country  
**USA**

City & State  
**FT Lauderdale**  
Zip  
**33315** Country  
**USA**

4. FEI Number **65-0683092**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**JAAKSON, CLAUDIA**  
**628 SW 8 TERRACE**  
**FT LAUDERDALE FL 33315**

**7. Name and Address of New Registered Agent**

Name **Claudia Jaakson**  
Street Address (P.O. Box Number is Not Acceptable)  
**601 SW 8 Terrace**  
City **FT Lauderdale** FL Zip Code **33315**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Claudia Jaakson**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/23/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>JAAKSON, CLAUDIA</b> <b>628 SW 8 TERRACE</b> <b>FT LAUDERDALE FL 33315</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDSD</b> <b>JACKSON, REIN</b> <b>628 SW 8 TERRACE</b> <b>FORT LAUDERDALE FL 33315</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/23/03 954 647 6195**  
Date Daytime Phone #

CR2E034 (10/02)