

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90224 005 \*\*\*150.00

**DOCUMENT # P96000083196**

1. Entity Name  
**ARMAND POWERS, JULLION & JACKSON, INC.**

Principal Place of Business

4023 N ARMENIA AVE  
 STE 400  
 TAMPA FL 33607

Mailing Address

4023 N ARMENIA AVE  
 STE 400  
 TAMPA FL 33607

2. Principal Place of Business

**1390 EAST LAKEVIEW AVENUE**

Suite, Apt. #, etc.

**EUSTIS, FL.**

City & State

3. Mailing Address

**1390 EAST LAKEVIEW AVENUE**

Suite, Apt. #, etc.

**EUSTIS, FL.**

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0699831**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip **32726** Country **USA**

Zip **32726** Country **USA**

6. Name and Address of Current Registered Agent

**JACKSON, W. ALLEN**  
 4023 N ARMENIA AVE  
 STE 400  
 TAMPA FL 33607

7. Name and Address of New Registered Agent

Name **ARMAND POWERS JULLION & JACKSON, INC.**  
 Street Address (P.O. Box Number is Not Acceptable) **1390 EAST LAKEVIEW AVENUE**  
 City **EUSTIS** FL Zip Code **32726**

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 **W. A. Jackson WILLIAM ALLEN JACKSON**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**1-25-2**  
 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, 2002 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JACKSON, ALLEN</b>
STREET ADDRESS	<b>4023 N ARMENIA AVE STE 400</b>
CITY-ST-ZIP	<b>TAMPA FL 33607</b>
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	<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
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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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-25-2**

Date

**352-589-7500 x111**

Daytime Phone #

CR2E034 (9/01)