

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P9700080 5803**

1. Entity Name

JACKSON MAGNETIC ENTERPRISES INC.

FILED

02 FEB 22 AM 10:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2900 N. Course Dr.

Suite, Apt. #, etc.

#307

3. Mailing Address

6446 NW 5th Hwy

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0733048

Applied For

Not Applicable

Zip

33069

Country

USA

Zip

33309-6112

Country

USA

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Kathleen S. Jackson-Zier

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

6446 NW 5th Hwy

City

Ft. Lauderdale

FL

Zip Code

33309-6112

**DO NOT WRITE
IN THIS SPACE**

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 **Kathleen S. Jackson-Zier** **Kathleen S. Jackson-Zier** **2-7-02**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

President (P)

Kathleen S. Jackson-Zier

1034 Ashford Ct.

Ft. Collins, CO 80526

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

400005064224--4

-03/07/02--01049--025

******158.75 ****158.75**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST

ZIER, RICHARD

1034 Ashford Ct.

Ft. Collins, CO 80526

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V

SIMPSON, VR

171 Fairway Dr.

Clintonville, WI 54929

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE

IN THIS SPACE

TITLE

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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 on an attachment with an address with all other like empowered.

SIGNATURE: **Kathleen S. Jackson-Zier** **Kathleen S. Jackson-Zier** **2-7-02** **970-377-3493**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)