

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90165 021 \*\*\*150.00

**C0060280**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P97000022334  
**1. Entity Name**  
JACKSONS GEL-COAT + FIBERGLASS INC ✓**Principal Place of Business**  
1884 NE 50th.  
Pompano Bch, FL 33064  
**Mailing Address****2. Principal Place of Business**  
Suite, Apt. #, etc.  
**City & State**  
Pompano Bch FL  
**Zip** 33060  
**Country** USA  
**3. Mailing Address**  
900 E. Atlantic Blvd.  
Suite, Apt. #, etc.  
Ste 17  
**City & State**  
Pompano Bch FL  
**Zip** 33060  
**Country** USA**4. FEI Number** 65-0772367  
**Applied For**  
☐ **Not Applicable**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**  
JACKSON Mike  
1884 NE 50th.  
Pompano Beach, FL 33064**7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** FL **Zip Code****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** \_\_\_\_\_  
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)  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	JACKSON, MIKE	1884 NE 50th	Pompano Bch, FL	<input type="checkbox"/>
UP/S/T	JACKSON, KATHY	1884 NE 50th	Pompano Bch, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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

**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:** Mike Jackson **4/25/01 (954) 783-5030**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (11/00)