

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90005 025 ***150.00

DOCUMENT # P97000031231 ✓
1. Entity Name Jackson Farm Labor Inc.

Principal Place of Business 230 Red Bud Lane
 Palatka, Fl. 32177
Mailing Address 230 Red Bud Lane
 Palatka, Fl. 32177

2. Principal Place of Business 45 Buttonworth Dr.
 Suite, Apt. #, etc.
3. Mailing Address 45 Buttonworth Dr.
 Suite, Apt. #, etc.

City & State Palm Coast FL 32137
Country
Zip 32137

4. FE Number 59-348262
Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Teresa Jackson
 20 Red Bud Lane
 Palatka, Fl. 32177

7. Name and Address of New Registered Agent
Name Teresa Jackson
Street Address (P.O. Box Number is Not Acceptable) 45 Buttonworth Dr.
City Palm Coast **FL** **Zip** 32137

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 *Teresa Jackson, President*
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, 2000 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 P NAME Teresa Jackson STREET ADDRESS 230 Red Bud Lane CITY-ST-ZIP Palatka, Fl. 32177	<input type="checkbox"/> Delete
TITLE NAME Lemoria Lewis STREET ADDRESS 230 Red Bud Lane CITY-ST-ZIP Palatka, Fl. 32177	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P NAME Teresa Jackson STREET ADDRESS 45 Buttonworth Dr. CITY-ST-ZIP Palm Coast, Fl. 32137	<input checked="" 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
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

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: *Teresa Jackson* **4/30/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)