

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037637

1. Entity Name

JBA, INC.

FILED  
Apr 12, 2001 8:00 am  
Secretary of State

04-12-2001 90063 043 \*\*\*150.00

0475398

Principal Place of Business 1206 WINTERBERRY LN FERN PARK FL 3283-		Mailing Address 1206 WINTERBERRY LN FERN PARK FL 3283-	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, JACK W. JACKSON 104 ST. JAMES PLACE		Suite, Apt. #, et al JACK W. JACKSON 104 ST. JAMES PLACE	
City & State ST. MARYS, GA 31558		City & State ST. MARYS, GA 31558	
Zip 912-576-4631		Zip 912-576-4631	
6. Name and Address of Current Registered Agent JACKSON, JACK W 1206 WINTERBERRY LN FERN PARK FL 3283-		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 <u>Jack W Jackson</u> DATE <u>4-9-2001</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, JACK W 1206 WINTERBERRY LN FERN PARK FL 32730	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACK W. JACKSON 104 ST. JAMES PLACE ST. MARYS, GA 31558 912-576-4631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, BEVERLY M 1206 WINTERBERRY LN FERN PARK FL 32730	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACK W. JACKSON 104 ST. JAMES PLACE ST. MARYS, GA 31558 912-576-4631
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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 power like empowered. SIGNATURE: <u>Jack W Jackson</u> PRES. JACK W JACKSON 4/9/2001 912 576 4631 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			