

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000041281**

1. Entity Name
JALIX ENTERPRISES, INC.



Principal Place of Business
**707 N. JOHNSON ST.
PLANT CITY FL 33566**

Mailing Address
**707 N. JOHNSON ST.
PLANT CITY FL 33566**

2. Principal Place of Business
1709 W. State Rd. 60
Suite, Apt. #, etc.

3. Mailing Address
1709 W. State Rd. 60
Suite, Apt. #, etc.

City & State
Plant City, FL

City & State
Plant City, FL

Zip **33567** Country **USA**

Zip **33567** Country

6. Name and Address of Current Registered Agent

**HOOKER, JACKSON
707 N JOHNSON ST
PLANT CITY FL 33566**

Name

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

1709 W. State Rd. 60

City

Plant City

FL

Zip Code
33567

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. I am familiar with, and accept the obligations of registered agent.

Jackson Hooker

SIGNATURE

Jackson Hooker

4-14-03

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTD** Delete
NAME **JACKSON HOOKER**
STREET ADDRESS **707 N JOHNSON ST**
CITY-ST-ZIP **PLANT CITY FL 33566**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PSTD** Change Addition
NAME **JACKSON HOOKER**
STREET ADDRESS **1709 W. STATE RD. 60**
CITY-ST-ZIP **PLANT CITY, FL 33563**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jackson Hooker REC JACKSON HOOKER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03 813-477-9023

Daytime Phone #

0449156
AV

**FILED
Apr 16, 2003 8:00 am
Secretary of State**

04-16-2003 90217 034 ***150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)