

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90150 027 ***150.00

DOCUMENT # **P97000078672**

1. Entity Name
JACKSON GLASS PRODUCTS, INC.



Principal Place of Business
**5767 157TH AVENUE NORTH
CLEARWATER FL 33760
US**

Mailing Address
**119 109TH AVENUE, BOX 312
TREASURE ISLAND FL 33760
US**



2. Principal Place of Business

3. Mailing Address

5767 157th Ave N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clearwater, FL

4. FEI Number

59-3473301

Applied For

Not Applicable

Zip

Country

Zip

Country

33760

P.ellas

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREGORY, WILLIAM P
715 SWANN AVE
TAMPA FL 33606**

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

SIGNATURE *Sandra Jackson* *Sandra Jackson* *1-13-03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JACKSON, ALFRED 5767 157TH AVENUE NORTH CLEARWATER FL 33760	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JACKSON, SANDRA 5767 157TH AVENUE NORTH CLEARWATER FL 33760	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: *Sandra Jackson* *Sandra Jackson* *1-13-03*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **727-507-0002**

CR2E034 (10/02)