

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90081 037 ***150.00

DOCUMENT # P97000091182

1. Entity Name

JACKSON Rhodes & Associates, Inc.

DO NOT WRITE IN THIS SPACE

039864

2. Principal Place of Business

3. Mailing Address

4521 PGA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

147

DO NOT WRITE IN THIS SPACE

City & State

City & State

Palm Beach Gardens FL

4. FEI Number

65 0788955

Applied For

Not Applicable

Zip

Country

Zip

33418

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Beth E Jackson

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

9386 APPLECREST DRIVE

City

Palm Beach Gardens FL

Zip Code

33410

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IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PRESIDENT

P

STREET ADDRESS

BETH E JACKSON

CITY - ST - ZIP

4521 PGA BLVD # 147

PALM BEACH GARDENS FL 33418

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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STREET ADDRESS

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

BETH E JACKSON Beth E Jackson 4/14/02 561-622-0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)