

**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 <b>4521 PGA BLVD</b>		4. FEI Number <b>65 0788955</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b># 147</b>				Not Applicable
City & State		City & State <b>Palm Beach Gardens FL</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip <b>33418</b>	Country <b>Palm Beach</b>			

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name	<b>Beth E JACKSON</b>	
Street Address (P.O. Box Number is Not Acceptable)	<b>9386 APPLECREST DRIVE</b>	
City	<b>Palm Beach Gardens FL</b>	Zip Code <b>33410</b>

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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>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</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT BETH E JACKSON 4521 PGA BLVD # 147 PALM BEACH GARDENS FL 33418</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)