

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90406 030 \*\*\*150.00

**DOCUMENT # P98000031000**

1. Entity Name  
**JACO OF OCALA, INC.**

Principal Place of Business

**2300 SE 17TH ST.  
 STE 200  
 OCALA FL 34471**

Mailing Address

**4598 SW 159TH RD.  
 OCALA FL 34473**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3515918**

Applied For  
 Not Applicable

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

**ANDERSON, MILES C  
 2300 SE 17TH  
 OCALA FL 34471**

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:

(NOTE: Registered Agent signature required when reinstating)

**4/30/01**  
 DATE

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**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>JENKINS, ROBERT L</b>	
STREET ADDRESS	<b>4598 SW 159TH ST. RD.</b>	
CITY-ST-ZIP	<b>OCALA FL 34473</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, MILES C</b>	
STREET ADDRESS	<b>4923 SE 41 ST COURT</b>	
CITY-ST-ZIP	<b>OCALA FL 34480</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>JENKINS, MILDRED H</b>	
STREET ADDRESS	<b>4598 SW 159TH ST. RD.</b>	
CITY-ST-ZIP	<b>OCALA FL 34473</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 other like empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-01 (352) 307-0140**  
 Date Daytime Phone #

CR2E034 (10/00)