

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90367 033 ***150.00

DOCUMENT # P99000038610

1. Entity Name

JACKSON ACCOUNTING & ADVISORY SERVICES, INC.

Principal Place of Business

Mailing Address

**2427 EAST MALL DR.,STE.430
FT.MYERS FL 33901**

**2427 EAST MALL DR.,STE.430
FT.MYERS FL 33901**

2. Principal Place of Business

130 SE 6TH STREET

Suite, Apt. #, etc.

3. Mailing Address

130 SE 6TH STREET

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip

Country

33990-1556 LEE

Zip

Country

33990-1556 LEE

4. FEI Number

65-0914993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JACKSON, BRUCE C
2427 EAST MALL DR.,STE.430
FT.MYERS FL 33901**

7. Name and Address of New Registered Agent

Name

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

130 SE 6TH STREET

City

CAPE CORAL

FL

Zip Code

33990-1556

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) ☐

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

TITLE **D** ☐ Delete
NAME **JACKSON, BRUCE C**
STREET ADDRESS **2427 EAST MALL DR.,STE.430**
CITY-ST-ZIP **FT.MYERS FL 33901**

TITLE **D** ☐ Delete
NAME **JACKSON, MONSERRAT G**
STREET ADDRESS **2427 EAST MALL DR.,STE.430**
CITY-ST-ZIP **FT.MYERS FL 33901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P/T** ☒ Change ☐ Addition
NAME **JACKSON, BRUCE C.**
STREET ADDRESS **130 SE 6TH STREET**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE **D/V/S** ☒ Change ☐ Addition
NAME **JACKSON, MONSERRAT G.**
STREET ADDRESS **130 SE 6TH STREET**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

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

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

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

TITLE ☐ Change ☐ 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: **Bruce C. Jackson** **BRUCE C. JACKSON** **4/25/2001 (941) 242-0130**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)