

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053394
Entity Name
Law Offices of Robert B. Jackson, P.A.

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90114 041 ***150.00

Principal Place of Business
Orlando
Mailing Address
Southtrust Bank Bldg., Ste. 1100
135 W. Central Blvd.,
Orlando, FL 32801

Principal Place of Business Orlando, FL	3. Mailing Address 135 W. Central Blvd.,
Suite, Apt. #, etc. 1100	Suite, Apt. #, etc. 1100
City & State Orlando, FL	City & State Orlando, FL
Zip 32801	Country USA

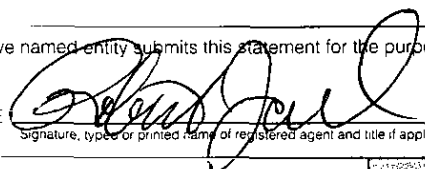
4. FEI Number
59-3582623
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Robert B. Jackson, Esquire
Southtrust Bank Building
Ste. 1100
Orlando, FL 32801

7. Name and Address of New Registered Agent
Name
Robert B. Jackson, Esquire
Street Address (P.O. Box Number is Not Acceptable)
135 W. Central Blvd., Ste. 1100
City
Orlando FL Zip Code
32801

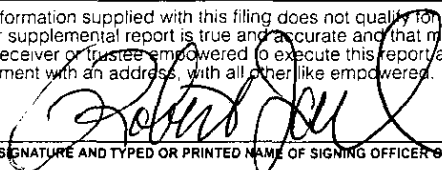
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 4/25/00

8. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐
9. FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Robert B. Jackson, Esquire <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
Southtrust Bank Building	NAME		
135 W. Central Blvd., Ste. 1100	STREET ADDRESS		
Orlando, FL 32801	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME		
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	NAME		
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	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
<input type="checkbox"/> Delete	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:  DATE 4/25/00 DAYTIME PHONE # 407-475-6559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)