2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered

FILED DOCUMENT # P99000072911 Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** THE JACKSON TEAM, P.A. 03-28-2000 90097 041 ***150.00 Principal Place of Business Mailing Address CENTURY 21 SUNLAND REALTY CENTURY 21 SUNLAND REALTY 6528 HYOPOLUXO ROAD 6528 HYOPOLUXO ROAD LAKE WORTH FL 33467-7678 LAKE WORTH FL 33467 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0948391 Not Applicable IU XO HYPOI Country Zip \$8.75 Additional 5. Certificate of Status Desired ____ ∼Fee Required: 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jackson Centu FILINGS, INC. Street Address (P.O. Box Numb is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 Koad Zip Code 33467 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ■ Addition TITLE TITLE ☐ Delete JACKSON, STEVEN H NAME NAME 6528 HYPOLUXO ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE JACKSON, JACQUELINE A NAME 6528 HYPOLUXO ROAD STREET ADDRESS STREET ADDRESS CITY_ST_ZIP LAKE WORTH FL 33467 CITY - SI - ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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