2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P99000090922

1. Entity Name



FILED

JACKSON HARDWARE INC.										
Principal Place of Business 1118 8TH AVE. WEST PALMETTO FL 34221			Mailing Address 1118 8TH AVE. WEST PALMETTO FL 34221				T TREATER HE MAN THE ARM AND AND		41 20 41 0 4 0 11 0	44 44 4 44 44 4
2. Principal Place of But	3. Mail	3. Mailing Address								
Suite, Apt. #, etc.	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	City	City & State				4. FEI Number 65-0954022 Applied For Not Applicable				
Zip	Cip Country		Zip Coun		ry 	5. Certificate of Status Desired		Fee Required		
6. Nan	ne and Address of Curre	nt Registere	d Agent			7.	Name and Address of New Reg	istered A	gent	
IACKOON EDIO					Name					I
JACKSON, ERIC 1118 8TH AVE WES		Street Address			s (P.O.	P.O. Box Number is Not Acceptable)				
PALMETTO FL 3422	21			}	City	-		FL	Zip Cod	e
		for the purp	ose of changing its	s registere	d office or regis	tered a	igent, or both, in the State of Florid		miliar with,	and accept
the obligations of regi	istered agent.									
SIGNATURE	ed or printed name of registered ag	ent and title if appi	licable. (NOT	TE: Registered	Agent signature requi	ired when	reinstating)	DATE		
After May 1, 2	111 FEE IS \$150.00 003 Fee will be \$550.0 to Florida Department						9. Election Campaign Finan Trust Fund Contribution.	cing		May Be I to Fees
10.	, OFFICERS AN	ID DIRECTO	RS	11.		Α	ADDITIONS/CHANGES TO OFFICE	RS AND (DIRECTORS	3 IN 11
STREET ADDRESS 1118 8TI	N, ERIC D H AVE. WEST TO FL 34221		☐ Delete						☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		Delete	TITLE NAME STREE					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP				☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP			·-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS				Change	Addition
indicated on this rep of the corporation or	ort or supplemental repor	t is true and a powered to a	accurate and that rexecute this report	my signatu : as require	ire shall have th	e same	n 119.07(3)(i), Florida Statutes. I fu e legal effect as if made under oath rida Statutes; and that my name a	n; that I an	an officer	or director

SIGNATURE?

TURE ISS CONTACTOR
TURE AND TOPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR