

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90138 018 \*\*\*150.00

**DOCUMENT # S58848**

1. Entity Name  
**MARK JACKSON MOBILE HOME SERVICE, INC.**

Principal Place of Business 9040 SW 54 PL COOPER CITY FL 33328	Mailing Address 9040 SW 54 PL COOPER CITY FL 33328
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Same as above</i>	3. Mailing Address <i>Same as above</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Cooper City, Fl.</i>	City & State <i>Cooper City, Fl.</i>
Zip <i>33328</i>	Zip <i>33328</i>
Country <i>Broward</i>	Country <i>Broward</i>

4. FEI Number <b>65-0267116</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JACKSON, MARK**  
 9040 SW 54 PL  
 COOPER CITY FL 33328

7. Name and Address of New Registered Agent

Name: *Mark Jackson*  
 Street Address (P.O. Box Number is Not Acceptable): *9040 SW 54th Pl*  
 City: *Cooper City, Fl.* State: **FL** Zip Code: **33328**

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) 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JACKSON, MARK</b> <b>9040 SW W54 PL</b> <b>COOPER CITY FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>mark jackson</i> <i>9040 S.W. 54th PL</i> <i>Cooper City, Fl. 33328</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mark Jackson* *Mark Jackson* *Mark Jackson* **730-02** **954-992-3619**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

03/00000 1/1

CR2E034 (9/01)