

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V35316

1. Entity Name

JACKSON & ASSOCIATES, GENERAL CONTRACTORS, INC.

Principal Place of Business

6254 COLAN PLACE
SARASOTA FL 34240
US

Mailing Address

6254 COLAN PLACE
SARASOTA FL 34240
US

2. Principal Place of Business

3. Mailing Address

200 S. ORANGE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C/O WILLIAM M. SEIDER

City & State

City & State

SARASOTA, FL

Zip

Country

Zip

34236

Country

USA

4. FEI Number

65-0344174

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, THOMAS
6254 COLAN PLACE
SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name SEIDER, WILLIAM M.

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

200 SOUTH ORANGE AVE.

City SARASOTA

FL

Zip Code 34236

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)

4/17/00

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, 2000 Fee will be \$350.00
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 PST
NAME JACKSON, THOMAS
STREET ADDRESS 6397 KYLIE CREEK WAY
CITY - ST - ZIP SARASOTA FL 34240

☐ Delete

TITLE V
NAME JACKSON, NANCEE
STREET ADDRESS 6397 KYLES CREEK WAY
CITY - ST - ZIP SARASOTA FL 34240

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90099 015 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)