

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90529 001 ***150.00

04-17-2003 90529 002 *****8.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #V40007			
1. Entity Name JACKSON & LEE ENTERPRISES, INC.			
Principal Place of Business 5121 EHRLICH ROAD 110 TAMPA, FL 33624		Mailing Address 5121 EHRLICH ROAD 110 TAMPA, FL 33624	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-3198686	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROWE, MICHAEL W 5121 EHRLICH ROAD SUITE 110 TAMPA, FL 33624		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (Signature, typed or printed name of registered agent and address if applicable. (NOTE: Registered Agent Signature required when submitting.) DATE _____			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	PT	☐ Delete	
NAME	ROWE, MICHAEL W		
STREET ADDRESS	5121 EHRLICH ROAD, SUITE 110		
CITY-ST-ZIP	TAMPA, FL 33624		
TITLE	SD	☐ Delete	
NAME	ROWE, MICHAEL W		
STREET ADDRESS	5121 EHRLICH ROAD, SUITE 110		
CITY-ST-ZIP	TAMPA, FL 33624		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.			
SIGNATURE: <i>Michael W Rowe</i>		2/14/03 (727) 327-7151	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR-2034 (10/02)