

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90041 003 \*\*\*\*50.00

0045490

**DOCUMENT # L01000021452**



1. Entity Name  
**MORRIS JACKSON & SONS, LLC**

Principal Place of Business Mailing Address  
**ROUTE 2, BOX 1245 ROUTE 2, BOX 1245**  
**MAYO FL 32066 MAYO FL 32066**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address  
**620 S.E. County Rd. 412 620 S.E. County Rd. 412**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Mayo, FL Mayo, FL**  
City & State City & State

4. FEI Number **59-3106042** Applied For  
Not Applicable

Zip Country Zip Country  
**32066 USA 32066 USA**

5. Certificate of Status Desired  **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, MORRIS H**  
**ROUTE 2, BOX 1245**  
**MAYO FL 32066**

Name **Jackson, Morris H.**  
Street Address (P.O. Box Number is Not Acceptable)  
**620 S.E. County Rd. 412**  
City **Mayo** FL Zip Code **32066**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JACKSON, MORRIS H ROUTE 2, BOX 1245 MAYO FL 32066</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

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JACKSON, MORRIS H. 620 S.E. County Rd. 412 Mayo, FL 32066</b> <input checked="" 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Morris H. Jackson* **SIGNATURE REQUIRED** **MORRIS H. JACKSON** **04/21/03** **386-294-1330**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)