

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055215

1. Entity Name

THE LAW OFFICES OF JACOBS & ETHERINGTON, P.A.

Principal Place of Business

Mailing Address

2830-L NW 41 ST
GAINESVILLE FL 32606

2830-L NW 41 ST
GAINESVILLE FL 32606

2. Principal Place of Business

5024-A NW 27th Ct.

3. Mailing Address

5024-A NW 27th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32606

Country

USA

Zip

32606

Country

USA

6. Name and Address of Current Registered Agent

JACOBS, ROBERT J
2830-L NW 41 ST
STE L2
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name

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

5024 NW 27th Court, Suite A

City

Gainesville

FL

Zip Code

32606

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)

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, 2001 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
PVPS
JACOBS, ROBERT
2830 NW 41ST, STE L2
GAINESVILLE FL 32606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
JACOBS, ROBERT
2830 NW 41ST, STE L2
GAINESVILLE FL 32606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
5024 NW 27th Ct., Ste A
Gainesville, FL 32606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
5024 NW 27th Ct., Ste A
Gainesville, FL 32606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90065 027 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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