2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State
01-15-2002 90084 036 ***150.00

DOCUMENT # P98000055215

1. Entity Name
THE LAW OFFICES OF ROBERT J. JACOBS, P.A.

Principal Place of Business	Mailing Address
5021-A NW 27TH COURT GAINESVILLE FL 32606	5021-A NW 27TH COURT GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5024 NW 27th Court		5024 NW 27th Court	
Suite, Apt. #, etc.: Suite A		Suite, Apt. #, etc.: Suite A	
City & State: Gainesville, FL		City & State: Gainesville, FL	
Zip: 32606	Country:	Zip: 32606	Country:

4. FEI Number 59-3516103 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBS, ROBERT J
5024 NW 27TH COURT STE A
GAINESVILLE FL 32606

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.

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVPS	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	JACOBS, ROBERT		NAME	
STREET ADDRESS	2830 NW 41ST, STE L2		STREET ADDRESS	5024 NW 27th Ct, Ste. A
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP	
TITLE	TD	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	JACOBS, ROBERT		NAME	
STREET ADDRESS	2830 NW 41ST, STE L2		STREET ADDRESS	5024 NW 27th Ct, Ste. A
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (9/01)

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 REQUIRED Robert J. Jacobs 1/7/02 352-335-2699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #