FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 10, 2002 8:00 am Secretary of State 674314 DOCUMENT # 1. Entity Name 04-10-2002 90655 019 ***150.00 JACOBSON REAL ESTATE OF FORT PIERCE, INC. Principal Place of Business Mailing Address 1363 BAYSHORE DR. 1363 BAYSHORE DR. P.O: BOX 3430 (33454) -P.O. BOX 3430 (33454) FT PIERCE FL 34949-3051 FT PIERCE FL 34949-3051 3. Mailing Address 2. Principal Place of Busines Suite. Ant. #. etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2023066 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACOBSON, DONALD E. Street Address (P.O. Box Number is Not Acceptable) 1363 BAYSHORE DRIVE FT. PIERCE FL 34949 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Delete TITLE Addition TITLE JACOBSON, DONALD E NAME NAME 1363 BAYSHORE DRIVE STREET ADDRESS STREET ADDRESS FT PIERCE FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE JACOBSON, THOMAS A. NAME NAME 1100 KINIGSWOOD LN STREET ADDRESS STREET ADDRESS FT. PIERCE FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: