

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**  
 03-14-2000 90014 008 \*\*\*150.00

**DOCUMENT # 679296**

1. Entity Name  
**RON JACOBS, INC.**

Principal Place of Business Mailing Address  
**4231 NE CHERI DR** **4231 NE CHERI DR**  
**JENSEN BEACH FL 34957** **JENSEN BEACH FL 34957-3823**  
**US**

**624793**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **LAKE** 3. Mailing Address **LAKE**  
**1829 NE VICTORIAN** **1829 NE VICTORIAN**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **JENSEN BEACH FL** City & State **JENSEN BEACH FL**  
 Zip **34957** Country **MARTIN** Zip **34957** Country **MARTIN**

4. FEI Number **59-2026051** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**JACOBS, RONALD**  
**4231 NE CHERI DR**  
**JENSEN BEACH FL 34957**

7. Name and Address of New Registered Agent  
 Name **Ronald Jacobs**  
 Street Address (P.O. Box Number is Not Acceptable) **1829 NE VICTORIAN LAKE**  
 City **JENSEN BEACH FL** Zip Code **34957**

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 **Ronald Jacobs** DATE **3-10-00**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	<b>VPS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>JACOBS, RONALD</b>		NAME		
STREET ADDRESS	<b>4231 NE CHERI DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JENSEN BCH FL 34957</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 an other like empowered.

SIGNATURE: **Ronald Jacobs** DATE **3-10-00** DAYTIME PHONE # **561-334-6396**  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (9/99)