

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 26, 2003 8:00 am  
Secretary of State

02-26-2003 90156 045 \*\*\*150.00

DOCUMENT # **679296**

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



Principal Place of Business  
**1829 NE VICTORIAN LANE  
JENSEN BEACH FL 34957  
US**

Mailing Address  
**1829 NE VICTORIAN LANE  
JENSEN BEACH FL 34957  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**10725 S. OCEAN DR  
Suite, Apt. #, etc.  
Lot 273**

3. Mailing Address  
**10725 S. OCEAN DR  
Suite, Apt. #, etc.  
Lot 273**

City & State  
**JENSEN BEACH, FL**  
Zip  
**34957**  
Country  
**ST. LUCIE**

City & State  
**JENSEN BEACH, FL 34957**  
Zip  
**34957**  
Country  
**USA**

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

7. Name and Address of New Registered Agent

**JACOBS, RONALD  
~~1829 NE VICTORIAN LANE~~  
JENSEN BEACH FL 34957**

**10725 S. OCEAN DR  
Lot 273**

Name **RONALD JACOBS**  
Street Address (P.O. Box Number is Not Acceptable)  
**10725 S. OCEAN DR Lot 273**  
**Lot 273**  
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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE <b>VPS</b>	<input type="checkbox"/> Delete
NAME <b>JACOBS, RONALD</b>	
STREET ADDRESS <b><del>1829 NE VICTORIAN LANE</del></b>	
CITY-ST-ZIP <b>JENSEN BEACH FL 34957</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>10725 S. OCEAN DR Lot 273</b>	
CITY-ST-ZIP <b>JENSEN BEACH, FL 34957</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald Jacobs* **2-23-03** **772-334-6396**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)