

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F82873

1. Entity Name

M. JACOBS JEWELERS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90048 041 ***150.00

Principal Place of Business

Mailing Address

975 N NOB HILL ROAD
PLANTATION FL 33324
US

975 N NOB HILL ROAD
PLANTATION FL 33324-1078
US

2. Principal Place of Business

842 NW 68 AVENUE
Suite, Apt. #, etc.

3. Mailing Address

842 NW 68 AVENUE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plantation FL

City & State

Plantation FL

4. FEI Number

59-2221662

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33317

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JEFFERY H JACOBS
975 N NOB HILL ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
Jeffrey H. Jacobs

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

842 NW 68 AVENUE

City

Plantation

FL

Zip Code

FL

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 Jeffrey H. Jacobs, Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

4-16-00

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, 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

TITLE SDV
NAME JACOBS, LYNN
STREET ADDRESS 842 NW 68 AVENUE
CITY-ST-ZIP PLANTATION FL ☐ Delete

TITLE PTD
NAME JACOBS, JEFFREY H
STREET ADDRESS 842 NW 68 AVENUE
CITY-ST-ZIP PLANTATION FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeffrey H. Jacobs 4-16-00 (954) 581-6297

CR2E034 (9/99)