

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90043 021 ***150.00

DOCUMENT # F96000003897

1. Entity Name

JACOBSON RESONANCE ENTERPRISES, INC.

Principal Place of Business

9960 CENTRAL PARK BLVD
 #302
 BOCA RATON FL 33428
 US

Mailing Address

9960 CENTRAL PARK BLVD
 #302
 BOCA RATON FL 33428
 US

2. Principal Place of Business

8200 JOG RD.

Suite, Apt. #, etc.

#100

3. Mailing Address

8200 JOG RD.

Suite, Apt. #, etc.

#100

City & State

BOYNTON BEACH

City & State

BOYNTON BEACH

Zip

33438

Country

P. B.

Zip

33438

Country

P. B.

4. FEI Number

65-0684400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, JERRY I
2006 MAINSAIL CIRCLE
JUPITER FL 33477

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, 2001 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 **PCD** ☐ Delete
 NAME **JACOBSON, JERRY I**
 STREET ADDRESS **2006 MAINSAIL CIRCLE**
 CITY-ST-ZIP **JUPITER FL**

TITLE **SD** ☐ Delete
 NAME **JACOBSON, DEBRA**
 STREET ADDRESS **2006 MAINSAIL CIRCLE**
 CITY-ST-ZIP **JUPITER FL**

TITLE **V** ☐ Delete
 NAME **CHAVIANO, FRANK**
 STREET ADDRESS **9960 CENTRAL PARK BLVD., #302**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☐ Delete
 NAME **SERVATO, ALFONSO**
 STREET ADDRESS **9960 CENTRAL PORK BLVD 302**
 CITY-ST-ZIP **BOCA RATON FL 33428**

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 **D Paul Martin** ☐ Change ☒ Addition
 NAME **1785 Wades Patrick Rd.**
 STREET ADDRESS **Boynton, Miss. 39044**
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
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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 #

CR2E034 (10/00)