FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jan 30, 2002 8:00 am DOCUMENT # Secretary of State F96000003897 1. Entity Name 01-30-2002 90036 016 \*\*\*150.00 JACOBSON RESONANCE ENTERPRISES, INC. Principal Place of Business Mailing Address Jos 8200 JOE RD 8200 30E RD #100 #100 **BOYNTON BEACH FL 33438** BOYNTON BEACH FL 33438 2. Principal Place of Business 3. Mailing Address #/00 8200 Jos Rd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0684400 Not Applicable Zip Country 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, JERRY I Street Address (P.O. Box Number is Not Acceptable) 2006 MAINSAIL CIRCLE JUPITER FL 33477 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CHAIRMAN OF THE BORKS Delete TITLE TITLE CR2E034 (9/01) ☐ Change ☐ Addition NAME JACOBSON, JERRY 1 NAME STREET ADDRESS 2006 MAINSAIL CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL ☐ Defete TITI E Change ☐ Addition NAME JACOBSON, DEBRA NAME STREET ADDRESS STREET ADDRESS 2006 MAINSAIL CIRCLE CITY-ST-ZIP CITY-ST-7IP JUPITER FL TITLE Delete TITLE Change Addition NAME <del>OHAVIANO, FRAN</del>K NAME STREET ADDRESS 9960-CENTRAL PARK BLVD.: #902 STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP BOCA RATON FL 33428 TITLE PRESIDENT AND DIRECTOR ☐ Delete TITLE ☐ Addition Change NAME NAME SERVATO, ALFONSO STREET ADDRESS 9960 CENTRAL PORK BLVD 302 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33428 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME MARTIN, PAUL STREET ADDRESS 1785 WADE PATRICK RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BRAXTON MS 39044** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BEACH.

13. Thereby 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.

CEA. CHAVIANO - VICE PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIG