

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90290 019 ***150.00

DOCUMENT # F96000003897

1. Entity Name
JACOBSON RESONANCE ENTERPRISES, INC.



Principal Place of Business
8200 JOE RD
#100
BOYNTON BEACH FL 33438
US

Mailing Address
8200 JOE RD
#100
BOYNTON BEACH FL 33438
US

2. Principal Place of Business
8200 Jog Road
Suite, Apt. #, etc.
#100

3. Mailing Address
8200 Jog Road
Suite, Apt. #, etc.
#100

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

Zip
33437

Country
Palm Beach

Zip
33437

Country
Palm Beach



☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. 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 PARK BLVD 302**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☐ **Delete**
NAME **MARTIN, PAUL**
STREET ADDRESS **1785 WADE PATRICK RD**
CITY-ST-ZIP **BRAXTON MS 39044**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Chairman of Bd. & CEO** ☒ **Change** ☐ **Addition**
NAME **Jacobson, Jerry I. (Dr.)**
STREET ADDRESS **2006 Mainsail Circle**
CITY-ST-ZIP **Jupiter, FL 33477**

TITLE **Director** ☒ **Change** ☐ **Addition**
NAME **Jacobson, Debra**
STREET ADDRESS **1537 Raintree Trail**
CITY-ST-ZIP **Jupiter, FL 33458**

TITLE ☐ **Change** ☒ **Addition**
NAME **President & COO**
STREET ADDRESS **Grossman, Harvey**
CITY-ST-ZIP **8137 Mizner Lane**
Boca Raton, FL 33433

TITLE **Director** ☒ **Change** ☐ **Addition**
NAME **Serrato, Alfonso**
STREET ADDRESS **4605 S. Ocean Blvd, #6D**
CITY-ST-ZIP **Boca Raton, FL 33487**

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

TITLE **Director** ☐ **Change** ☒ **Addition**
NAME **Steigman, Michael**
STREET ADDRESS **8321 Paseo Vista Drive**
CITY-ST-ZIP **Las Vegas, NV 89128**

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 *Harvey Grossman* **DATE** **4/29/03** **561.752.4141**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Daytime Phone #**

CR2E034 (10/02)