

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H81219

1. Entity Name  
JACOBS HOLDINGS, INC.

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90080 037 \*\*\*550.00

Principal Place of Business  
3730 CLEVELAND HEIGHTS BLVD  
#4  
LAKELAND FL 33813  
US

Mailing Address  
P. O. BOX 6188  
LAKELAND FL 33807  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 59-2612970  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SWARTZWELDER, LANA J  
3730 CLEVELAND HEIGHTS BLVD  
SUITE 4  
LAKELAND FL 33813

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 |                                 |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
|----------------------------|---------------------------------|---------------------------------|---|---|--|
| TITLE                      | PT                              | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | SWARTZWELDER, LANA J            |                                 | NAME  |   |  |
| STREET ADDRESS             | 3730 CLEVELAND HEIGHTS BLVD. #4 |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | LAKELAND FL                     |                                 | CITY-ST-ZIP   |   |  |
| TITLE                      |                                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                                 |                                 | NAME  |   |  |
| STREET ADDRESS             |                                 |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |                                 |                                 | CITY-ST-ZIP   |   |  |
| TITLE                      |                                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                                 |                                 | NAME  |   |  |
| STREET ADDRESS             |                                 |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |                                 |                                 | CITY-ST-ZIP   |   |  |
| TITLE                      |                                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                                 |                                 | NAME  |   |  |
| STREET ADDRESS             |                                 |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |                                 |                                 | CITY-ST-ZIP   |   |  |
| TITLE                      |                                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                                 |                                 | NAME  |   |  |
| STREET ADDRESS             |                                 |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |                                 |                                 | 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: LANA J SWARTZWELDER 7/10/00 (813) 647-1922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)