

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90021 001 ****55.00

DOCUMENT # L00000013736

1. Entity Name

JACOBS FENCE COMPANY, LLC



Principal Place of Business

2421 BASS BLVD
GENEVA FL 32732

Mailing Address

PO BOX 1345
GENEVA FL 32732

2. Principal Place of Business

455 W. Osceola Rd.

Suite, Apt. #, etc.

Geneva, Florida

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

32732

Country

USA

Zip

Country

4. FEI Number

59-3680528

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS INC
3150 SANDY RIDGE DR
CLEARWATER FL 33761

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JACOBS, KENNETH R ☐ Delete
201 E 7TH ST
CHULUOTA FL 32766

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JACOBS, TORI L ☒ Delete
201 E 7TH ST
CHULUOTA FL 32766

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS / CHANGES

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

TITLE
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CITY-ST-ZIP
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/1/03

CR2E083 (10/02)