

2002 UNIFORM BUSINESS REPORT (UBR)

02-07-2002 90166 016 ****50.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
JACOB MANAGEMENT SERVICE, L.L.C. - PLEASE CORRECT SPELLING OF NAME
JAKAB MANAGEMENT SERVICE, L.L.C.

Principal Place of Business Mailing Address
666 N.E. DIXIE HIGHWAY 666 N.E. DIXIE HIGHWAY
JENSEN BEACH FL 34957 JENSEN BEACH FL 34957

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOBBINS, KAREN M ESQUIRE
50 S.E. KINDRED STREET, SUITE 107
STUART FL 34995

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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE OWNER/MANAGER ☐ Delete
NAME JAKAB, JOSEPH J
STREET ADDRESS 666 N.E. DIXIE HWY
CITY-ST-ZIP JENSEN BEACH FL 34957

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: Joseph J. Jakab
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/02/02 561-225-5050
Date Daytime Phone #

CR2E083 (9/01)