

2001 UNIFORM BUSINESS REPORT (UBR)

06-20-2001 90015 002 ***150.00
L13466

FILED

01 AUG -2 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C0071900

DO NOT WRITE IN THIS SPACE

DOCUMENT # L13466

1. Entity Name

JACOBS-LAKEWOOD ESTATES

Principal Place of Business

Mailing Address

215 E. MAXWELL STREET
LAKELAND, FL 33803

2. Principal Place of Business

215 E. Maxwell Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

4. FEI Number

59-2966111

Applied For

Not Applicable

Zip
33803

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HORACE L. JACOBS, III
215 E. MAXWELL STREET
LAKELAND, FL 33803

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW IN FEES \$150.00
After MAY 1, 2001 Fee will be \$350.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
HORACE L. JACOBS, III
215 E. MAXWELL STREET
LAKELAND, FL 33803

☐ Delete

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

[Signature] Mga.

6-14-01 407-878-0829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exemption Number

CR2E034 (11/00)

H.L. Jacobs, III
Jacobs-Lakewood Estates, Inc
215 E. Maxwell Street
Lakeland, FL 33803

July 23, 2001

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

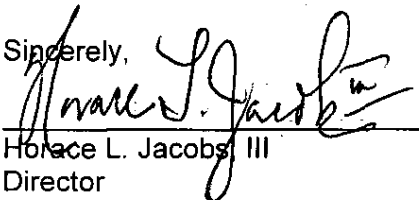
Re: Request for Penalty Abatement
Jacobs-Lakewood Estates, Inc.
Document # L13466

Dear Sir or Madam:

I am writing to request that you abate the \$400 late filing fee for the 2001 Uniform Business Report. The above referenced corporation is very small with less than \$10,000 in annual revenues and I am the only officer. During the past two years I have been undergoing intensive treatment and chemotherapy for liver and colon cancer. These medical procedures have caused me to often inadvertently overlook due date and other administrative matters.

I respectfully request you consider the above explanation of late filing as reasonable cause.

Sincerely,



Horace L. Jacobs, III
Director