page 1 of 2

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C0071900

2001 UNIFORM BUSINESS REPORT (UBR)

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	3. Mailing Address
215 E. Maxwell Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, Florida	City & State
Zip: 33803 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2966111 ☐ Applied For ☐ Not Applicable

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
HORACE L. JACOBS, III 215 E. MAXWELL STREET LAKELAND, FL 33803	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 ______________________
Signature, typed or printed name of registered agent and title 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!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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] Mgr. 6-14-01 407-872-6829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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