

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 31, 2002 8:00 am
Secretary of State

05-31-2002 90001 041 ***550.00

DOCUMENT # P000000019723 ✓

1. Entity Name

DEAN R. JACOBSON DEVELOPMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1527 ADAMS CIRCLE SOUTH

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 2501

Suite, Apt. #, etc.

City & State

LARGO FL

City & State

LARGO FL

4. FEI Number

59-3658555

Applied For

Not Applicable

Zip

33771

Country

USA

Zip

33779-2501

Country

USA

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

7. Name and Address of Current Registered Agent

Name

DEAN R JACOBSON

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

1527 ADAMS CIRCLE SOUTH

City

LARGO

FL

Zip Code

33771

**DO NOT WRITE
IN THIS SPACE**

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)

5-13-02

DATE

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	PRESIDENT - (P)	TITLE	
NAME	DEAN R JACOBSON	NAME	
STREET ADDRESS	1527 ADAMS CIRCLE SOUTH	STREET ADDRESS	
CITY - ST - ZIP	LARGO FL 33771	CITY - ST - ZIP	
TITLE	S/T	TITLE	
NAME	LORI PROUST JACOBSON	NAME	
STREET ADDRESS	1527 ADAMS CIRCLE SOUTH	STREET ADDRESS	
CITY - ST - ZIP	LARGO FL 33771	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEAN R JACOBSON

5-13-02

Date

727-418-3855

Daytime Phone #

CR2034B (12/01)