

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

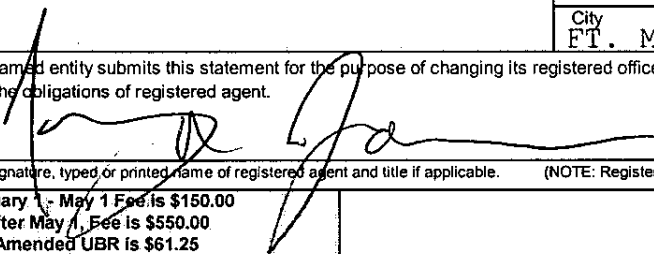
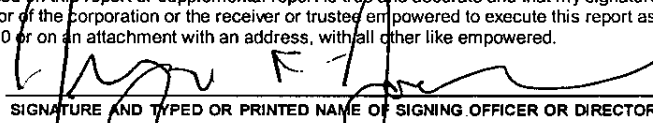
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000103265		2003	
1. Entity Name JACOBY AND SONS PAINTING, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 4714 ORANGE GROVE BLVD. Suite, Apt. #, etc.		3. Mailing Address 4714 ORANGE GROVE BLVD. Suite, Apt. #, etc.	
City & State FT. MYERS, FL		City & State FT. MYERS, FL	
Zip 33903	Country USA	Zip 33903	Country USA
4. FEI Number 65-1094560		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name TYRAN R. JACOBY			
Street Address (P.O. Box Number is Not Acceptable) 4714 ORANGE GROVE BLVD.			
City FT. MYERS		Zip Code FL 33903	
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 		DATE 1/23/04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
January - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TYRAN JACOBY 4714 ORANGE GROVE BLVD. FT. MYERS, FL 33903	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200030249552 03/10/04-01083-008 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE 1/23/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034B (12/02)

Attachment

P00000163265

**L & M ACCOUNTING, INC.**  
**2804 Del Prado Blvd., #209**  
**Cape Coral, FL 33904**  
**Phone (239) 541-0055**  
**Fax (239) 541-7283**  
**Email: lmaccounting@earthlink.net**

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January 11, 2004

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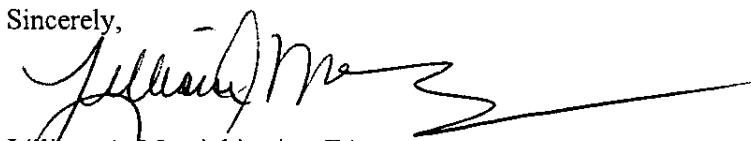
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: Jacoby and Sons Painting, Inc.  
UBR for 2003

Gentlemen:

Enclosed is the 2003 UBR for the above client and \$150. Please note that he has had two address changes in the last year and never received his reports for filing. In lieu of this, please accept the 2003 Report and fee and reinstate the corporation.

Sincerely,



Lillian A. Marcinkiewicz, EA

Enc.

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