

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90143 044 ***150.00

DOCUMENT # P0000117474

1. Entity Name

EDW. JACOBS FURNITURE REPAIR, INC.

Principal Place of Business

Mailing Address

**601 26 STREET SOUTH
 ST PETERSBURG FL 33712**

**601 26 STREET SOUTH
 ST PETERSBURG FL 33712**

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

59-3600787

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

C0042157



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACOBS, EDWARD
 601 26 STREET SOUTH
 ST PETERSBURG FL 33712**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PVST	JACOBS, EDWARD		
601 26 STREET SOUTH	601 26 STREET SOUTH		
ST PETERSBURG FL 33712	ST PETERSBURG FL 33712		
D	JACOBS, EDWARD		
601 26 STREET SOUTH	601 26 STREET SOUTH		
ST PETERSBURG FL 33712	ST PETERSBURG FL 33712		

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:

Edward M. Jacobs
 Edward M. Jacobs

3/31/01

Date

727-327-0657

Daytime Phone #

CR2E034 (10/00)

0013391