

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY -5 PM 2:26

DOCUMENT # P02000081429

1. Entity Name

JACOBBER TRUCKING SERVICES, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1918 PLAYERS PLACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
NO. LAUDERDALE, FL

City & State

Zip  
33068

Country  
USA

Zip

Country

4. FEI Number 76-0707007

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
MARCO R. JACOBBER

Street Address (P.O. Box Number is Not Acceptable)  
1918 PLAYERS PLACE

City  
N. LAUDERDALE,

FL

Zip Code  
33068

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

January 1 - 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. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President**  
Jacobber, Marcos R.  
1918 Players Place  
N. Lauderdale, FL 33068

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200025046922  
01/12/04--01006--003 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200025046922  
11/26/03--01006--016 \*\*150.00

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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 507, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/03

954-8227148

Date

Daytime Phone #

CR2E034B (12/02)

5151

2/2

**JACOBER TRUCKING SERVICES, INC.  
1918 PLAYERS PLACE  
N. LAUDERDALE, FL 33068**

April 16, 2004

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314  
ATT: Andy Dunlap

RE: JACOBER TRUCKING SERVICES, INC.  
Ref. # P02000081429

Dear Mr. Dunlap:


In reference to your letter dated January 29, 2004 (copy attached) please abate all penalties for late filing of my UBR for 2003. I timely filed my return in March of 2003 and tried to follow the proper rules and regulations required by the State of Florida.

As a newly formed small business, I filled out the form myself without added costs of an accountant. I thought the matter was corrected when I sent in the corrected information requested by your office.

When I received the 3<sup>rd</sup> notice from your office, I realized that I was unable to complete the form accurately and need assistance.

I respectfully request abatement due to unusual circumstances.

Sincerely yours,

  
Marcus Jacober  
President