

FILED
May 02, 2003 8:00 am
Secretary of State

04-07-2003 90731 008 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000096885

1. Entity Name
BRETT JACOBSEN, INC.



Principal Place of Business

1944 MORRILL ST.
SARASOTA FL 34236

Mailing Address

1944 MORRILL ST.
SARASOTA FL 34236

2. Principal Place of Business

2036 Wisteria St.

3. Mailing Address

2036 Wisteria St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip 34239

Country USA

Zip 34239

Country USA

4. FEI Number 47-0885104

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

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. 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 reinstating)

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Brett Jacobsen
STREET ADDRESS 2036 Wisteria St.
CITY-ST-ZIP Sar. FL 34239

☐ Delete

TITLE Secretary
NAME Lance Jacobsen
STREET ADDRESS 2036 Wisteria St.
CITY-ST-ZIP Sarasota FL 34239

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03

Date

(941) 350 0590

Cell Phone #

CR2E034 (10/02)