

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000086531

1. Entity Name

ARTHUR JACOBS, D.M.D., P.A.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90022 019 ***150.00

Principal Place of Business

Mailing Address

~~PO BOX 7367~~
 NAPLES FL ~~34101~~
 US **34105**

~~PO BOX 7367~~
 NAPLES FL ~~34101-7967~~
 US

2607 Twin Flower Lane
Naples Fla 34105

2. Principal Place of Business

3. Mailing Address

2607 Twin Flower Lane

2607 Twin Flower Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34105

Country

USA

Zip

34105

Country

4. FEI Number

59-3216965

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

JACOBS, ARTHUR DMD
 4861 S ORANGE AVE
 ORLANDO FL 32806

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBS, ARTHUR DMD	
STREET ADDRESS	4861 S ORANGE AVE SUITE A	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS ARTHUR	
STREET ADDRESS	2607 TWINFLOWER LANE	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 941-430-4622

CR2E034 (9/99)