2005
2006 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2005 8:00 am
Secretary of State
05-06-2005 90096 005 ***150.00

DOCUMENT # P94000037168

1. Entity Name
MICHAEL JACOBSON, INC.

Principal Place of Business	Mailing Address
2162 WEST ATLANTIC AVE. DELRAY BEACH FL 33445	2162 WEST ATLANTIC AVE. DELRAY BEACH FL 33445

500506086

2. Principal Place of Business	3. Mailing Address
	3072 W. OAKLAND FOREST DRIVE
Suite, Apt #, etc.	Suite, Apt #, etc. 409
City & State	City & State OAKLAND PARK FL
Zip / Country	Zip 33309 / Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0509954 ☐ 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
BASS, MICHAEL R 2162 WEST ATLANTIC AVE. DELRAY BEACH FL 33445	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

[illegible]

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 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACOBSON, MICHAEL 2162 W ATLANTIC AVE. DELRAY BEACH FL 33445 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☒ Addition 3072 W. OAKLAND FOREST DR OAKLAND PARK, FL 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #