

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90084 027 ***150.00

DOCUMENT # P95000083124

1. Entity Name

DONALD N. JACOBSON, P.A.

Principal Place of Business

Mailing Address

**4400 NORTH FEDERAL HIGHWAY, #210-24
 BOCA RATON FL 33431**

**4400 NORTH FEDERAL HIGHWAY, #210-24
 BOCA RATON FL 33431-5187**

2. Principal Place of Business

3. Mailing Address

4400 N. Federal Hwy #210
 Suite, Apt. #, etc. **210**

4400 N. Federal Hwy #210
 Suite, Apt. #, etc. **210**



DO NOT WRITE IN THIS SPACE

City & State **Boca Raton, Florida**
 Zip **33431** Country **USA**

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 Zip **33431** Country **USA**

4. FEI Number **65-0633960**

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

JACOBSON, DONALD N ESQ.
4400 NORTH FEDERAL HIGHWAY, #210-24
BOCA RATON FL 33431

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	P	<input type="checkbox"/> Delete
NAME	JACOBSON, DONALD	
STREET ADDRESS	4400 N. FEDERAL HWY. #210-24	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 **561 338 9610**
 Date Daytime Phone #