

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065744

1. Entity Name

RES OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

9720 SE GOMEZ AVE
HOBE SOUND FL 33455
US

9720 SE GOMEZ AVE
HOBE SOUND FL 33455-3005
US

2. Principal Place of Business

3. Mailing Address

7000 SE Federal Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

310

Suite, Apt. #, etc.

City & State

City & State

Stuart, FL

City & State

Zip

Country

Zip

Country

34997

USA

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TERRENCE A ZIELINSKI CPA
5100 W COPANS RD SUITE 400
MARGATE FL 33063

Name

Ronnie Jacobsen

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

7000 SE Federal Hwy

Suite 310

City

Stuart

FL

Zip Code

34997

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)

Ronnie Jacobsen

1/25/2000

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 **Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME JACOBSEN, RONNIE
STREET ADDRESS 9720 SE GOMEZ AVE
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE ST
NAME JACOBSEN, VICKI
STREET ADDRESS 9720 SE GOMEZ AVE
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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, 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

Ronnie Jacobsen, President (561) 286-5111
1/25/2000 Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90138 018 ***150.00

710833



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0693737 ☐ Applied For ☐ Not Applied For

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