

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90049 040 ***150.00

DOCUMENT # P96000065744

1. Entity Name
RES OF SOUTH FLORIDA, INC.

Principal Place of Business

**7000 SE FEDERAL HWY
 310
 STUART FL 34997
 US**

Mailing Address

**9720 SE GOMEZ AVE
 HOBE SOUND FL 33455
 US**



2. Principal Place of Business

3. Mailing Address

7000 SE FEDERAL HWY

Suite, Apt. #, etc.

Suite/Apt. #, etc.

310

City & State

STUART, FL

4. FEI Number

65-0693737

Applied For

Not Applicable

Zip

Country

Zip

34997

Country

USA

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

**JACOBSEN, RONNIE
 7000 SE FEDERAL HWY
 310
 STUART FL 34997**

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, 2002 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 **PD** ☐ Delete
 NAME **JACOBSEN, RONNIE**
 STREET ADDRESS **9720 SE GOMEZ AVE**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☒ Change ☐ Addition
 NAME **7000 SE FEDERAL HWY, Suite 310**
 STREET ADDRESS **STUART, FL 34997**
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME **7000 SE Federal Hwy, Suite 310**
 STREET ADDRESS **STUART, FL 34997**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **BARRY M. DEETS**
 STREET ADDRESS **GFO**
 CITY-ST-ZIP **7000 SE Federal Hwy, Suite 310**
STUART, FL 34997

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 OF JACOBSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02
 Date

(561) 286-5151
 Daytime Phone #

CR2E034 (9/01)