

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000020941**

1. Entity Name
JACOBONI CHARTERS, INC.

Principal Place of Business
**5481 WAYSIDE DR
SANFORD FL 32771**

Mailing Address
**P.O. BOX 952488
LAKE MARY FL 32746
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3431930**

Applied For
Not Applicable

Zip Country

Zip Country

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

**JACOBONI, JOSEPH J
5481 WAYSIDE DRIVE
SANFORD FL 32771**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

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|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| P JACOBONI, JOSEPH PO BOX 952488 LAKE MARY FL 32795 | |
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| 700004583297--2 -09/11/01--01051--011 ***150.00 ***150.00 | |
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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**

8-30-01 (407) 333-0686

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)

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Joseph J. Jacoboni
P.O. Box 952488
Lake Mary, FL 32795
(407) 333-0686
Fax (407) 696-6615

August 29, 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Reader:

Enclosed please find Corporate Annual Reports for four separate companies for which I am President. I have also enclosed four separate checks, each in the amount of \$150.00 to pay the annual fee for those companies.

Please be advised that these fees were paid in December, 2000, and subsequently refunded to us in April, 2001. (A copy of your letter referencing that matter is also enclosed.) During the course of those months, I went through several bookkeeping personnel. My current bookkeeper has put the pieces of this puzzle together to find that the refund sent to one company was for payment of four other companies.

Since the monies and reports were originally filed with your office in timely manner, please accept the lesser filing fees of \$150.00 each. Should you have any questions, please feel free to call my financial assistant, Theresa Johnston at the number above. Thank you in advance for your attention to this matter.

Sincerely,



Joseph J. Jacoboni