

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State
 03-30-2000 90053 035 ***150.00

DOCUMENT # **97000021415** ✓
 1. Entity Name **Jeffrey P. Jacobs, M.D., P.A.**
 Principal Place of Business **907 No. Shore Drive Miami Bch. FL 33141**
 Mailing Address **907 No. Shore Dr Miami Bch. FL 33141** *old address*

C0048366

2. Principal Place of Business **New address: 2021 Brightwaters Blvd NE St Petersburg FL 33704-3009**
 Suite, Apt. #, etc.
 3. Mailing Address **New address: 2021 Brightwaters Blvd NE St Petersburg FL 33704-3009**
 Suite, Apt. #, etc.
 Zip Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3440012** Applied For ☐ Not Applicable ☒
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
 6. Name and Address of Current Registered Agent **Rosenthal, Alex P. ESQ. Dufer Barrett Gravante & Markel 1 E. Broward Blvd, #620 Ft. Laud. FL 33301**
 7. Name and Address of New Registered Agent

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 **Jeffrey P. Jacobs M.D. P.A.** DATE **3/25/00**
 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 \$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Jeffrey P. Jacobs M.D. P.A.** DATE **3/25/00** DAYTIME PHONE # **727/551-0505**
 Signature typed or printed name of signing officer or director

CR2E034 (9/99)