2001 UNIFORM BUSINESS REPORT (UBR)										<u>k-i</u>	P91)	92		
DOCUMENT # P97000050133								SECRETARY OF STATE TALLAHASSEE, FLORIDA						
JOSEPH J. JACOBONI, P.A.								OI SEP -5 PM 3: IR						
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Principal Place of Business PO BOX 952488 LAKE MARY FL 32746 US				Mailing Address 3487-BUFF AM PLACE CASSELBERRY FL-32707) 					
2. Principal P	-	Mailing Addre	15245	22										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State				City & State	Mari	1 F(4.	KQ-22QK270			plied For t Applicable	7		
Zip		Country		Zip 79 9	,	Country)<	A 5.	Certifica	ate of Status Desired		8.75 Add	litional		
	_~6.₌Name	and Address	of Current Re	egistered Agent -			7 1 7.	-Name ai	nd Address of New I			<u></u>	-	
JACOBONI, JOSEPH J 5481 WAYSIDE DR. SANFORD FL 32771						Street /	Name Street Address (P.O. Box Number is Not Acceptable)							
SANFONI	D FL 32//		٠			City				FL	Zip Code		+	
8. The above	named entit	v suhmits this	statement for th	he nurnose of cha	naina its rec	gistered office o	r registered a	nent or h	both, in the State of FI		<u> </u>		-	
SIGNATURE .		or printed name of n				egistered Agent signa	_		<	8-3 DATE	5-0	_		
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)				After Septe	mber 12, 2		IS \$550.00 Fee will be \$750.00 department of State		Election Campaign Fi Trust Fund Contribution		\$5.0 Added	O May Be to Fees		
11.	1	OFFI	ICERS AND DI	RECTORS		12.	Al	DDITION	IS/CHANGES TO OFF	ICERS AND I	DIRECTORS	IN 11]_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Delete JACOBONI, JOSEPH J 5481 WAYSIDE DR. SANFORD FL 32771					TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change □ Addit 8000045832989 -09/11/0101051012 ****150.00 *****150.00					DE034 (5/01	
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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 trustle 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.

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STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

DOSA)

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