

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90002 012 ***150.00

DOCUMENT # P97000061852

1. Entity Name

N. JACOBSEN, INC.

Principal Place of Business

7765 SE SPICEWOOD CIRCLE
HOBE SOUND FL 33455
US

Mailing Address

7765 SE SPICEWOOD CIRCLE
HOBE SOUND FL 33455
US

534289



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0768918

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

DEETS, BARRY

~~7100 S.E. OSPREY STREET~~
~~HOBE SOUND FL 33455~~

CHANGE
ADDRESS →

Name

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)

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, 2001 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 DP ☐ Delete
NAME JACOBSEN, NORM
STREET ADDRESS 7765 SE SPICEWOOD CIRCLE
CITY-ST-ZIP HOBE SOUND FL 33455

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

TITLE DST ☐ Delete
NAME JACOBSEN, GLADYS
STREET ADDRESS 7765 SE SPICEWOOD CIRCLE
CITY-ST-ZIP HOBE SOUND FL 33455

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

(561) 761-5199

Daytime Phone #

CR2E034 (10/00)