

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034245

1. Entity Name

WALTER JAKOBOWSKI & ASSOCIATES, INC.

Principal Place of Business 1208 ORANGE ISLE FT. LAUDERDALE FL 33315-1655	Mailing Address 1208 ORANGE ISLE FT. LAUDERDALE FL 33315-1655
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

JAKOBOWSKI, WALTER T
1208 ORANGE ISLE
FT. LAUDERDALE FL 33315-1655

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

4. FEI Number **65-0832674**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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

TITLE P
NAME JAKOBOWSKI, WALTER T
STREET ADDRESS 1208 ORANGE ISLE
CITY-ST-ZIP FT LAUDERDALE FL 33315

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE S
NAME JAKOBOWSKI, JUDITH E
STREET ADDRESS 1208 ORANGE ISLE
CITY-ST-ZIP FT LAUDERDALE FL 33315

Delete

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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 line empowered.

Judith E Jakobowski

4-2001 954523-5959

SIGNATURE AND TYPE OR PRINT NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)