

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90078 015 ***150.00

DOCUMENT # P98000050002

1. Entity Name
MARK L. JACOBSON, P.A.

Principal Place of Business Mailing Address
~~1515 N FEDERAL HWY~~ ~~515 N FEDERAL HWY~~
~~STE 300~~ ~~STE 300~~
~~BOCA RATON FL 33432~~ ~~BOCA RATON FL 33432~~
~~US~~ ~~US~~



2. Principal Place of Business **1390 BRICKELL AVE** 3. Mailing Address **PO BOX 245562**

Suite, Apt. #, etc. **3RD FLOOR** Suite, Apt. #, etc.

City, State **MIAMI, FL** City, State **PEMBROKE PINES, FL**

Zip **33131** Country **US** Zip **33024-5562** Country **U.S.**

4. FEI Number **65-0856135** Applied For
 Not Applicable

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

JACOBSON, MARK L
 1515 N FEDERAL HWY
 STE 300
 BOCA RATON FL 33432

1390 BRICKELL AVE
3RD FLOOR
MIAMI, FL 33131

Name ~~MARK L. JACOBSON, PRES/DIR~~
 Street Address (P.O. Box Number is Not Acceptable)
 City ~~BOCA RATON, FL~~ ~~33432~~

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 **MARK L. JACOBSON, PRES/DIR** DATE **4/26/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	PTSD	<input type="checkbox"/> Delete
NAME	JACOBSON, MARK L	
STREET ADDRESS	1515 N FEDERAL HWY STE 300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JACOBSON, MARK L	
STREET ADDRESS	1515 N FEDERAL HWY STE 300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1390 BRICKELL AVE, 3RD FLOOR	
STREET ADDRESS	MIAMI, FL 33131	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1390 BRICKELL AVE, 3RD FLOOR	
STREET ADDRESS	MIAMI, FL 33131	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 reports 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: **MARK L. JACOBSON, PRES/DIR** DATE **4/26/01** DAYTIME PHONE # **305 350 5376**

CR2E034 (10/00)