

# 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

1515 N FEDERAL HWY  
STE 300  
BOCA RATON FL 33432  
US

Mailing Address

1515 N FEDERAL HWY  
STE 300  
BOCA RATON FL 33432  
US

2. Principal Place of Business

1390 BRICKELL AVE  
3RD FLOOR  
MIAMI, FL 33131

3. Mailing Address

PO BOX 245562  
MIAMI, FL 33124



DO NOT WRITE IN THIS SPACE

City, State

MIAMI, FL

City, State

PEMBROKE PINES, FL

4. FEI Number

65-0856135

Applied For

Not Applicable

Zip

33131

Country

US

Zip

33024-5562

Country

U.S.

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

*[Signature]*

MARK L. JACOBSON, PRES/DIR

4/26/01

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          | 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 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    |                              |  |
| 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:

*[Signature]*

MARK L. JACOBSON, PRES/DIR

Date

Daytime Phone #

CR2E034 (10/00)