FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90150 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050002

1. Entity Name

MARK L. JACOBSON, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1 BROWARD BLVD	1 EAST BROWARD BLVD
Suite, Apt. #, etc. EAST 620	Suite, Apt. #, etc. 620
City & State FORT LAUDERDALE	City & State FORT LAUDERDALE
Zip 33301 Country USA	Zip 33301 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0856135 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MARK L. JACOBSON

Street Address (P.O. Box Number Not Acceptable) 1 EAST BROWARD BLVD SUITE 620

City FORT LAUDERDALE FL Zip Code 33301

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] PRESIDENT DATE 4/27/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) +

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,V,T,S,D MARK L. JACOBSON 1 EAST BROWARD BLVD
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	# 620 FT. LAUDERDALE, FL 33301
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MARK L JACOBSON 4/27/02 954 745 4930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E084B (12/01)