2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2001	UNI	FORM BU	SINESS REPO	FILED						
DOCUMENT # P98000096909 1. Entity Name JACOBS IPM SERVICES, INC.							Jan 19, 2001 8:00 am Secretary of State 01-19-2001 90086 015 ***150.00			
Principal Place 13327 W NEWBE NEWBERRY FL 3	ERRY RD		Mailing Address 7257 SW 4TH BLVD 113 G/4NESVILLE FL 32607				L (MAI) MAI JON (MICH 1811) 85511 25111 11	C000618	NA (BIL 1951	
2. Principal Pri	SWIT	TH LIVE	Suite, Apt. #, etc.	1m BJ	w 叫3	_	DO NOT WRITE	IN THIS SPACE		
City & State	JI,VE	, F1.	City & State	FI.		4. F	El Number 59-3593812		pplied For ot Applicable	-
Zip Country 32(07 - USA			3 ^{Zip} 607	Country	A				\$8.75 Additional Fee Required	
	6. Name	and Address of Curr	ent Registered Agent		Name	7. N	Name and Address of New Re	gistered Agent		}-
13327	BS, LARRY 7 W NEWB BERRY FL:	erry RD				(P.O. B S U	ox Number is Not Acceptable)	ŧ		_
		\	l		City Can'd		dive	FL Zip Co	2607	
8. The above	named entit	y submits this stateme	n for the purpose of changing its	registered				ida.		1
SIGNATURE .	Signature, typed	or printed name of registered a	agentario tite i applicable. (NOTE	E: Registered Aç	gent signature require	id when re	oinstating)	1 5 ZOO	<u></u>	
Tax filing r	_	ible to satisfy its Intang and elects to do so. 1	FILE NOW! After MAY 1, 20 Make Check Payab	01 Fee wi	II be \$550.00	ite	10. Election Campaign Fina Trust Fund Contribution		00 May Be ed to Fees	
11.	ra .	OFFICERS A	ND DIRECTORS	12.	1	AD	DITIONS/CHANGES TO OFFIC];
TITLE NAME	D JACOBS.			title Name				Change	Addition	9
STREET ADDRESS CITY-ST-ZIP	13327 N NEWBERRY RD NEWBERRY FL 32669			STREET A	1					
TITLE	NEWDERN	IT FL 32009	□ Delete	TITLE	211		<u></u>	Change	Addition	1
NAME				NAME	IDDDCCC					`
STREET ADDRESS CITY-ST-ZIP				STREET /						
TITLE				TITLE				☐ Change	Addition	
NAME STREET ADDRESS				NAME STREET	ADDRESS				•	
CITY-ST-ZIP				CITY-ST	- ZIP				Addition	4
TITLE NAME			☐ Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	•			STREET /						
TITLE	1		☐ Delete	TITLE	-			☐ Change	Addition	1
NAME				NAME STREET	ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY-ST				_	_	
TITLÉ			☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS				NAME STREET	ADDRESS					
CITY-ST-ZIP			· · · · ·	CITY-ST	-ZIP					_
13. I hereby of indicated of the cor	certify that the control on this reportion or to control or to control or the con	e information supplied in or supplemental rep he receiver or trustee of achmentwith an added	with this filing does not qualify for ort is true and accurate and that n empowered to execute this report ass, with all other like empowered.	r the exemp ny signatur as required	otion stated in S e shall have the d by Chapter 60	ection same 7, Flori	119.07(3)(i), Florida Statutes. I legal effect as if made under o ida Statutes; and that my name	turther certify that the ath; that I am an office appears in Block 11 o	information ir or director or Block 12 if	