2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mar 31, 2003 8:00 am **Secretary of State** P98000096909 DOCUMENT # 03-31-2003 90208 037 ***150.00 1. Entity Name JACOBS IPM SERVICES, INC. Principal Place of Business Mailing Address 10912 SW 17TH LANE 7257 SW 4TH BLVD GAINESVILLE FL 32607 GAINESVILLE FL 32607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3593812 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent _Name and Address of New Registered Agent JACOBS, LARRY N Street Address (P.O. Box Number is Not Acceptable) 10912 SW 17TH LANE **GAINESVILLE FL 32607** Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE - Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition JACOBS, LARRY NAME NAME 10912 SW 17TH LANE STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32607** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITL F □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition TITLE ☐ Delete □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

12. Thereby certify that the information

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to does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of ascurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED