

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90153 008 ***550.00

0106009 AV

DOCUMENT # P99000025014

1. Entity Name
JACKOBY, INC.



Principal Place of Business
**985 AQUA CIRCLE
NAPLES FL 34102**

Mailing Address
**985 AQUA CIRCLE
NAPLES FL 34102**



2. Principal Place of Business
123 Quincy Circle
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 4937
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
SANTA ROSA BEACH, FLORIDA
Zip
32459 Country
USA

City & State
SANTA ROSA BEACH, FLORIDA
Zip
32459 Country
USA

4. FEI Number **59-3568374**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**H. SANDRA FISKE
985 AQUA CIRCLE
NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name **Richard Youanovich**
Street Address (P.O. Box Number is Not Acceptable)
**Goodlette, Coleman & Johnson, P.A.
4001 Tamiami TRAIL North - Suite 300**
City **Naples** FL Zip Code **34103**

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)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD H. SANDRA FISKE 985 AQUA CIRCLE NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FISKE, RICHARD 985 AQUA CIRCLE NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FISKE, PAUL 985 AQUA CIRCLE NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISKE, GLORIA 985 AQUA CIRCLE NAPLES FL 34102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD H. SANDRA FISKE 123 Quincy Circle SANTA ROSA BEACH, FL. 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RICHARD FISKE County Road 63A #166 Glorieta, New Mexico 87535	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAUL FISKE 25 Paseo de Valle SANTA Fe, New Mexico 87508	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERALD ANDERSON 123 Quincy Circle Santa Rosa Beach, FL. 32459	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/03 850-231-0235
Date Daytime Phone #

CR2E034 (4/03)