2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000026113 **DOCUMENT #**

1. Entity Name

SIGNATURE:

ERIC JACOBY ENTERPRISES, INC.



FILED Jan 07, 2003 8:00 am Secretary of State 01-07-2003 90012 022 ***150.00

					WE THE	3.						
Principal Place of Business 118 N. ATLANTIC AVE COCOA BCH FL 32931			118 N. ATLAN	Mailing Address 118 N. ATLANTIC AVE. COCOA BCH FL 32931		ار است ده میر						
2. Principal Pl	face of Busine	ess	_3Mailing Addr	ess	<u>.</u>		- - · ·					
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FEI Number 59-3562053		_ 	Applied For Not Applicable		
Zip		Country	Zip		-Country		5. Certificate of Status Desired		8:75-Add	itional	1	
6. Name and Address of Current			nt Registered Agent	Registered Agent			7. Name and Address of New Registered Agent				1	
	o. manic	and Addiese of Confe			Name			-			1	
JACOBY, 162 ISLAN	eric Nd view df	₹					Street Address (P.O. Box Number is Not Acceptable)					
indian H	arbour bi	.VD FL 32937					* ***		T 7:- 0-4			
				•	City			FL	Zip Code	9		
	named entity tions of registe		t for the purpose of ch	anging its	registered office or re-	gister	red agent, or both, in the State of FI	orida. I am fai	niliar with,	and accept		
SIGNATURE .	Signature, typed o	or printed name of registered ag	ent and title if applicable.	(NOTE	: Registered Agent signature r	equired	d when reinstating)	DATE				
After	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.0 Florida Department					Election Campaign Fi Trust Fund Contribution			0 May Be to Fees		
10.		OFFICERS AN	ND DIRECTORS		11.		ADDITIONS/CHANGES TO OF	ICERS AND E	DIRECTORS	S IN 11]_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ERIC S LANTIC AVE. CH FL 32931		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			1	Change	☐ Addition	E034 (40/00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	200	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•.•			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition		
12. I hereby of indicated of the corrichanged.	certify that the d on this repor rporation or th , or on an atta	e information supplied t or supplemental reporter receiver or trustee er achment with an addres	with this filing does not is true and accurate mpowered to execute se with all other like e	t qualify for and that n this report medy vered.	r the exemption stated my signature shall have as required by Chapte	I in Se e the er 607	ection 119.07(3)(i), Florida Statutes same legal effect as if made under 7, Florida Statutes; and that my nan	I further certic oath; that I an ne appears in	y that the in an officer Block 10 or	nformation or director Block 11 if		