

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90829 047 ***150.00

DOCUMENT # S19286

1. Entity Name
SEAN JACOBUS COMPANY, INC.



Principal Place of Business
**1018 W HARVARD ST
ORLANDO FL 32804
US**

Mailing Address
**1018 W HARVARD ST
ORLANDO FL 32804
US**

2. Principal Place of Business

1720 SPRING LAKE DR.
Suite, Apt. #, etc.

3. Mailing Address

1720 SPRING LAKE DR.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FL

Zip
32804

Country
ORANGE

City & State
ORLANDO, FL

Zip
32804

Country
ORLANDO

4. FEI Number **59-3043110**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JACOBUS, SEAN
1018 W HARVARD ST
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name **SEAN M. JACOBUS**
Street Address (P.O. Box Number is Not Acceptable)
1720 SPRING LAKE DR.

City **ORLANDO** FL Zip Code **32804**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/6/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **JACOBUS, SEAN**
STREET ADDRESS **1014 W HARVARD ST**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **P** ☒ Change ☐ Addition
NAME **SEAN M. JACOBUS**
STREET ADDRESS **1720 SPRING LAKE DR**
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **VDS** ☐ Delete
NAME **JACOBUS, AMANDA T**
STREET ADDRESS **1014 W. HARVARD ST.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **VDS** ☒ Change ☐ Addition
NAME **AMANDA T. JACOBUS**
STREET ADDRESS **1720 SPRING LAKE DR.**
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 (407) 422-8076
Date Daytime Phone #

CR2E034 (10/02)