

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90031 012 ****88.75
 01-25-2000 90093 026 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # S35403	
1. Entity Name JACOBS. JACOBS & ASSOC., INC.	
Principal Place of Business 2085 SR 3 #201 ST. AUGUSTINE FL 32084 US	Mailing Address 1093 A1A BEACH BLVD SUITE 355 ST AUGUSTINE FL 32084-6733 US
2. Principal Place of Business 2085 A1A S., STE 201	3. Mailing Address 2085 A1A S.
Suite, Apt. #, etc. #201	Suite, Apt. #, etc. #201
City & State ST. AUGUSTINE FL	City & State ST. AUGUSTINE FL
Zip 32084	Zip 32084
Country USA	Country USA
4. FEI Number 59-3052141	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, RONALD W. P.A. 68 CUNA STREET SUITE B ST. AUGUSTINE FL 32084	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 After MAY-1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YD JACOBS, PHILIP H. 2085 N.A. SOUTH. STE 201 ST. AUGUSTINE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACOBS, PHILIP H. 2085 A1A S., STE 201 ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACOBS, MARY W. 2085 N.A. SOUTH, STE 201 ST. AUGUSTINE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, MARY W. 2085 A1A S., STE 201 ST. AUGUSTINE, FL 32084
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Philip H. Jacobs* **PHILIP H. JACOBS** 01/08/00 904.411.5537
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #