

2001 UNIFORM BUSINESS REPORT (UBR)

0002586

DOCUMENT # **S35403**

1. Entity Name
JACOBS, JACOBS & ASSOC., INC.

FILED

01 JAN 17 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
US**

[Handwritten Signature]



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2085 A1A SOUTH, STE 201
Suite, Apt. #, etc.**

3. Mailing Address

**2085 A1A SOUTH
Suite, Apt. #, etc.
STE 201**

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

4. FEI Number **59-3052141**

Applied For

Not Applicable

Zip

Country

32084 ST. USA

Zip

Country

32084 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, RONALD W. P.A.
66 CUNA STREET
SUITE B
ST. AUGUSTINE FL 32084**

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

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

(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. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	VD	<input type="checkbox"/> Delete
NAME	JACOBS, PHILIP H.	
STREET ADDRESS	2085 N.A. SOUTH. STE 201	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JACOBS, MARY W.	
STREET ADDRESS	2085 N.A. SOUTH, STE 201	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, PHILIP H.	
STREET ADDRESS	2085 A1A S., STE 201	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, MARY W.	
STREET ADDRESS	2085 A1A S., STE 201	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Handwritten Signature: Philip Jacobs]

PHILIP JACOBS

01/04/01

904.46.5556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)