

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-04-2003 90086 010 ***150.00

DOCUMENT # S35403

1. Entity Name

JACOBS, JACOBS & ASSOC., INC.



Principal Place of Business

2085 A1A SOUTH
SUITE #201
ST. AUGUSTINE FL 32080
US

Mailing Address

2085 A1A SOUTH
SUITE #201
ST. AUGUSTINE FL 32080
US

2. Principal Place of Business

461 A1A Beach Blvd
Suite, Apt. #, etc.

3. Mailing Address

461 A1A Beach Blvd
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

St Augustine, FL

City & State

St Augustine, FL

4. FEI Number

59-3052141

Applied For

Not Applicable

Zip

Country

32080

USA

Zip

32080

Country

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. 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 \$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 ☐ Delete
NAME VD
STREET ADDRESS JACOBS, PHILIP H.
CITY-ST-ZIP 2085 A1A SOUTH, SUITE #201
ST. AUGUSTINE FL

TITLE ☒ Change ☐ Addition
NAME VD
STREET ADDRESS Jacobs, Philip
CITY-ST-ZIP 461 A1A Beach Blvd
ST. AUGUSTINE FL 32080

TITLE ☐ Delete
NAME PD
STREET ADDRESS JACOBS, MARY W.
CITY-ST-ZIP 2085 A1A SOUTH, SUITE #201
ST. AUGUSTINE FL

TITLE ☒ Change ☐ Addition
NAME PD
STREET ADDRESS Jacobs, Mary W.
CITY-ST-ZIP 461 A1A Beach Blvd
ST. AUGUSTINE, FL 32080

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

904.46.5555

CR2E034 (10/02)