

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000040342

Entity Name: H. JACOBSON AND COMPANY**Current Principal Place of Business:**512 LAKE AVENUE
LAKE WORTH BEACH, FL 33460**Current Mailing Address:**512 LAKE AVENUE
LAKE WORTH BEACH, FL 33460 US**FEI Number:** 65-0687674**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JACOBSON, HAROLD B
512 LAKE AVENUE
LAKE WORTH BEACH, FL 33460 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	JACOBSON, HAROLD B
Address	512 LAKE AVENUE
City-State-Zip:	LAKE WORTH BEACH FL 33460

Title	VPD
Name	KOOLIK, TANIA
Address	512 LAKE AVENUE
City-State-Zip:	LAKE WORTH BEACH FL 33460

Title	SDT
Name	JACOBSON, BEATRIZ
Address	512 LAKE AVENUE
City-State-Zip:	LAKE WORTH BEACH FL 33460

Title	VPD
Name	JACOBSON, DAVID M.D.
Address	512 LAKE AVENUE
City-State-Zip:	LAKE WORTH BEACH FL 33460

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HAROLD JACOBSON

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04/22/2022

Electronic Signature of Signing Officer/Director Detail_____
Date