

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90113 020 ***150.00

DOCUMENT # J78918			
1. Entity Name JH MILITARY TRAIL, INC.			
Principal Place of Business 29 SE 5TH STREET BOCA RATON FL 33432		Mailing Address 29 SE 5TH STREET BOCA RATON FL 33432	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
MATTEIS, JOHN J. 29 SE 5TH STREET BOCA RATON FL 33432			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)			
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	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ☐ Delete HANSEN, JENS JUUL 29 SE 5TH STREET BOCA RATON FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS ☐ Delete MATTEIS, JOHN 29 SE 5TH STREET BOCA RATON FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☐ Delete JUUL-HANSEN, THOMAS 29 SE 5TH STREET BOCA RATON FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☐ Delete JUUL-HANSEN, NILES 29 SE 5TH STREET BOCA RATON FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☐ Delete JUUL-KNUD, HANSEN 29 SE 5TH STREET BOCA RATON FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE 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 607.1 of the Florida Statutes, and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, 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			