

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 420925

1. Entity Name

J. H. ELLIS, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90027 023 ***150.00

Principal Place of Business

16701 FRONT BEACH RD
PANAMA CITY FL 32413
US

Mailing Address

16701 FRONT BEACH RD
PANAMA CITY FL 32413-2437
US

00001020

2. Principal Place of Business

Motel

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1451443

Applied For

Not Applied For

Zip

Country

Zip

Country

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

ELLIS, JAMES H.
16701 FRONT BEACH ROAD
PANAMA CITY FL 32413

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WATSON, FLORA S
16233 E LULLAWATER
PANAMA CITY FL 32443 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ELLIS, EDITH K.
16701 FRONT BEACH RD
PANAMA CITY FL 32413 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Add

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Edith K. Ellis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-00 850 234 270