

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 420925

1. Entity Name
J. H. ELLIS, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90139 049 ***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
US

000431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
South Pacific Motel
Suite, Apt. #, etc.
16701 Front Beach Rd
City & State
PANAMA City Fla.
Zip
32413
Country
Bay

3. Mailing Address
Same as above
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number **59-1451443**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ELLIS, JAMES H. INC.
16701 FRONT BEACH ROAD
PANAMA CITY FL 32413

7. Name and Address of New Registered Agent
Name *Edith K. Ellis*
Street Address (P.O. Box Number is Not Acceptable)
16701 Front Beach Rd
City *PANAMA City, FL* Zip Code *32413*

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 *Edith K. Ellis* DATE *1-13-01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATSON, FLORA S		NAME		
STREET ADDRESS	16233 E LULLAWATER		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32443		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELLIS, EDITH K.		NAME		
STREET ADDRESS	16701 FRONT BEACH RD		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32413		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Edith K. Ellis* DATE *1-13-01*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

064134

CR2E034 (10/00)