2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

576939 **DOCUMENT #**

| 1. Entity Nam JMH FAF | RMS, INC. | · . | | 01-15-2003 90203 022 ***150.00 | | |
|---|---|---|---------------------------------------|--|--|--|
| Principal Place of Business HOOVER HILL ROAD BONIFAY FL 32425 | | Mailing Address HOOVER HILL ROAD BONIFAY FL 32425 | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES | | |
| City & State | | City & State | | 4. FEI Number 59-1829645 Applied For Not Applicate | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required | | |
| | 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HOOVER, JACK ROUTE 4, BOX 114 BONIFAY FL 32425 | | | Street | Street Address (P.O. Box Number is Not Acceptable) City Zip Code | | |
| | tions of registered agent. | | | e or registered agent, or both, in the State of Florida. I am familiar with, and acception ignature required when reinstating) | | |
| Afte | FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0 ok Payable to Florida Department | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | |
| 10. | | ND DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HOOVER, JACK 3090 HOOVER MILL ROAD BONIFAY FL 32425 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Additi | | |

Delete

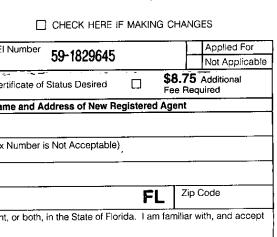
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FILED Jan 15, 2003 8:00 am Secretary of State



CR2E034 (10/02) ☐ Addition ☐ Change Change ■ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition

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12. Thereby 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.

CITY-ST-ZIP

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HOOVER, MACK

BONIFAY FL 32425

3090 HOOVER MILL ROAD

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SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change