


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

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90012 013 ***150.00

DOCUMENT # H62690
1. Entity Name
J + H Associates, Inc.



DO NOT WRITE IN THIS SPACE

14003037

2. Principal Place of Business
207 Colonnade Circle
Suite, Apt. #, etc.

3. Mailing Address
207 Colonnade Circle
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Naples, FL 34103
Zip Country
34103 Collier

City & State
Naples, FL 34103-8200
Zip Country

4. FEI Number
59-2745373

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A. H. F. Harman

Street Address (P.O. Box Number is Not Acceptable)
207 Colonnade Circle

1840 Coral Way, 4th Floor 207 Colonnade Circle

City Naples FL Zip Code 34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE H. F. Harman
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

4/15/04
DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Harvey F. Harman</u> <u>207 Colonnade Circle</u> <u>Naples, FL 34103</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary - Treasurer</u> <u>Jane H. Harman</u> <u>207 Colonnade Circle</u> <u>Naples, FL 34103</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4/15/04 239-435-0782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)