

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90049 040 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

2002

DOCUMENT # J04423

1. Entity Name

JBH DISTRIBUTION SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5360 SW 9th St.

3. Mailing Address

5360 SW 9th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

59-2713105

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33317

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Jeffrey B. Hopkins

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

5360 SW 9th St.

City

Plantation

FL

Zip Code

33317

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.

(NO L-Registered Agent signature required when reappointing)

DATE

4-30-02

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

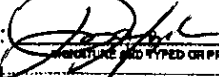
TITLE	PD	TITLE	
NAME	Hopkins, Jeffrey B.	NAME	
STREET ADDRESS	5360 SW 9th St.	STREET ADDRESS	
CITY- ST- ZIP	Plantation, FL 33317	CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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CITY- ST- ZIP		CITY- ST- ZIP	

DO NOT WRITE
IN THIS SPACE

CR2E0345 (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE



JEFFREY B. HOPKINS

4-30-02

954-605-6062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Phone #