

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91138 048 \*\*\*150.00

**DOCUMENT # J90034**

**1. Entity Name**  
**J. L. H. ENTERPRISES, INC.**

**Principal Place of Business**

**RT 2 BOX 224**  
**MAYO FL 32066**

**Mailing Address**

**P.O. BOX 1600**  
**MAYO FL 32066**  
**US**

**2. Principal Place of Business**

**RT 2 BOX 1560-A**

**3. Mailing Address**

**RT 2 BOX 1560-A**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**Mayo, Fla.**

**City & State**

**Mayo, Florida**

**Zip**

**Country**

**32066**

**Lafayette**

**Zip**

**Country**

**32066**

**Lafayette**

**6. Name and Address of Current Registered Agent**

**HEWITT, JOHNNY L.**

**RT 2 BOX 224**

**MAYO FL 32066**

**7. Name and Address of New Registered Agent**

**Name**

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

**RT 2 BOX 1560-A**

**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** Johnny L. Hewitt

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

4/26/02

**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, 2002 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**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>HEWITT, JOHNNY L.</b>	
<b>STREET ADDRESS</b>	<b>RT 2 BOX 224</b>	
<b>CITY-ST-ZIP</b>	<b>MAYO FL</b>	
<b>TITLE</b>	<b>ST</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>HEWITT, MARY JANE</b>	
<b>STREET ADDRESS</b>	<b>RT 2 BOX 224</b>	
<b>CITY-ST-ZIP</b>	<b>MAYO FL</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>RT 2 BOX 1560-A</b>
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>RT 2 BOX 1560-A</b>
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**

Johnny L. Hewitt  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

4/26/02

**Daytime Phone #**

386-294-2620

CR2E034 (9/01)