

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90177 025 ***150.00

DOCUMENT # K45257

1. Entity Name

JEH JAMAICAN, INC.

Principal Place of Business

**2739 U.S. HIGHWAY 19
 SUITE 201
 HOLIDAY FL 34691
 US**

Mailing Address

**P.O. BOX 2108
 ELPERS FL 34680-2108
 US**

2. Principal Place of Business

8801 River Crossing Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey

City & State

4. FEI Number

59-2916898

Applied For

Not Applicable

Zip

Country

Zip

Country

34655

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUDSON, JOHN
 2739 U.S. HIGHWAY 19
 SUITE 201
 HOLIDAY FL 34691**

Name

8801 River Crossing Blvd.

City

New Port Richey

FL

Zip Code

34655

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 **DP** ☐ Delete
 NAME **HUDSON, JOHN**
 STREET ADDRESS **2739 U.S. HIGHWAY 19, SUITE 201**
 CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE ☒ Change ☐ Addition
 NAME **8801 River Crossing Blvd.**
 STREET ADDRESS **New Port Richey, FL**
 CITY-ST-ZIP **34655**

TITLE **S** ☐ Delete
 NAME **SILVA, SUSAN**
 STREET ADDRESS **2739 U.S. HIGHWAY 19, SUITE 201**
 CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE ☒ Change ☐ Addition
 NAME **8801 River Crossing Blvd.**
 STREET ADDRESS **New Port Richey, FL**
 CITY-ST-ZIP **34655**

TITLE **V** ☒ Delete
 NAME **SLEEMAN, GEORGE**
 STREET ADDRESS **6709 RIDGE RD #200**
 CITY-ST-ZIP **PORT RICHEY FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VT** ☒ Delete
 NAME **NORTON, DAVID C.**
 STREET ADDRESS **6709 RIDGE RD #200**
 CITY-ST-ZIP **PORT RICHEY FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: *Susan Silva* **SUSAN SILVA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00
 Date

(727) 375-1155
 Daytime Phone #

CR2E034 (1/99)