

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 16 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005811

1. Entity Name
J.H.S. ENTERPRISES LLC

Principal Place of Business P.O. BOX 110 PUNGOTEAGUE VA 23422	Mailing Address P.O. BOX 110 PUNGOTEAGUE VA 23422-0110
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0964323

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEELE, JOHN J
18 SW 12 ST., APT. 5
DANIA FL 33004

Name **STEELE, JOHN J**
Street Address (P.O. Box Number is Not Acceptable)
18 SW 12 ST, APT 1
City **DANIA BEACH** FL Zip Code **33004**

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 John J Steele May 9/2000
Signature, typed or printed name of registered agent or title if applicable (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE Delete
NAME MGR
STREET ADDRESS STEELE, JOHN J
CITY-ST-ZIP 18 SW 12 ST., APT. 5
DANIA FL 33004

TITLE Change Addition
NAME MGR
STREET ADDRESS STEELE, JOHN J
CITY-ST-ZIP 18 SW 12 ST APT 1,
DANIA BEACH FL 33004

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS 500003279295--9
CITY-ST-ZIP -06/07/00--01010--018.
*****50.00 *****50.00

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: John J Steele May 9/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E08C1 (9/93)