

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

0351898  
 AV

**DOCUMENT # M77587**

1. Entity Name  
**J.T.H. DEVELOPMENT CORPORATION**

04-09-2002 90017 011 \*\*\*150.00

Principal Place of Business <b>5380 NORTH OCEAN DRIVE          SUITE 10H          RIVIERA BEACH FL 33404-2534</b>	Mailing Address <b>5380 NORTH OCEAN DRIVE          SUITE 10H          RIVIERA BEACH FL 33404-2534</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>36-3586458</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

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

**DYTRYCH, MARTIN A.  
 2700 PGA BLVD  
 STE 203  
 PALM BEACH FL 33410**

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

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYONS, DEBBIE			NAME			
STREET ADDRESS	5380 N. OCEAN DR.			STREET ADDRESS			
CITY-ST-ZIP	SINGER ISLAND FL			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	V-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUMES, J.T.			NAME	LYONS, J.T.		
STREET ADDRESS	5380 N. OCEAN DR.			STREET ADDRESS	5380 N. OCEAN DRIVE		
CITY-ST-ZIP	SINGER ISLAND FL			CITY-ST-ZIP	SINGER ISLAND, FL 33404		
TITLE	ST	<input checked="" type="checkbox"/> Delete		TITLE	S-T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETRIDES, DESPIN L.			NAME	PETRIDES, DESPIN L.		
STREET ADDRESS	5380 N. OCEAN DR.			STREET ADDRESS	5380 N. OCEAN DRIVE		
CITY-ST-ZIP	SINGER ISLAND FL			CITY-ST-ZIP	SINGER ISLAND, FL 33404		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	P-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETRIDES, MILTON D.			NAME	PETRIDES, MILTON D.		
STREET ADDRESS	5380 N. OCEAN DR.			STREET ADDRESS	5380 N. OCEAN DRIVE		
CITY-ST-ZIP	SINGER ISLAND FL			CITY-ST-ZIP	SINGER ISLAND, FL 33404		
TITLE	DC	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYONS, CHRIS			NAME			
STREET ADDRESS	5380 N OCEAN DR #10 H			STREET ADDRESS			
CITY-ST-ZIP	SINGER ISLAND FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: MILTON D. PETRIDES Date: 2-27-02 Daytime Phone #: 561-842-9209

CR2E034 (9/01)