

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90103 048 *****61.25

DOCUMENT # N990000001017

1. Entity Name

J H J VISIONS CORPORATION

Principal Place of Business

**2547 EDDIE ROAD
TALLAHASSEE FL 32308**

Mailing Address

**2547 EDDIE ROAD
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3570036

Applied For

Not Applicable

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

**JENKINS, TESSIE JIM JR
2547 EDDIE ROAD
TALLAHASSEE FL 32308**

Name

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

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

Tessie Jim Jenkins *Tessie Jim Jenkins 2/28/01*
Signature of, or printed name of, registered agent and (NOTE: Registered Agent signature required when transacting) DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	JENKINS, TESSIE J JR.	2547 EDDIE ROAD	TALLAHASSEE FL 32308	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	JEFFERSON, MARY G	3345 CRUMP ROAD	TALLAHASSEE FL 32308	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	WARD, STELLA	2663 OLSON ROAD	TALLAHASSEE FL 32308	<input checked="" type="checkbox"/>	PEOPLES COORDINATOR	WARD, STELLA	2663 OLSON ROAD	TALLAHASSEE FL 32308	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	MONROE, BEATRICE H	115 TEAL LANE	TALLAHASSEE FL 32308	<input type="checkbox"/>	SECRETARY - TREASURER	BEATRICE H. MONROE	115 TEAL LANE	TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)