

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 22, 2001 8:00 am**
Secretary of State

01-22-2001 90036 024 ***150.00

0046056

DOCUMENT # P00000005110

1. Entity Name

J.S.S. OF SEMINOLE COUNTY, INC.

Principal Place of Business

**118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1914 ELLMAN ST

Suite, Apt. #, etc.

3. Mailing Address

1914 ELLMAN ST

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32804

Country

USA

City & State

Orlando, FL

Zip

32804

Country

USA

4. FEI Number

59-3616770

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

James S Smith

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

1914 ELLMAN Street

City

Orlando

FL

Zip Code

32804

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)

JAMES S. SMITH

DATE

1/9/019. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	SMITH, JAMES S	
STREET ADDRESS	118 WEST ORANGE STREET	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, James S	
STREET ADDRESS	1914 ELLMAN ST	
CITY-ST-ZIP	Orlando, FL 32804	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES S. SMITH

Date

1/9/01

Daytime Phone #

407-316-8454

CR2E034 (10/00)