

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90059 040 \*\*\*158.75

**DOCUMENT # P00000110180**

**1. Entity Name**  
**J F S HOLDING CORP.**

**Principal Place of Business**

**1484 NW 84TH TERR**  
**CORAL SPRINGS, FL 33071**

**Mailing Address**

**1484 NW 84TH TERR**  
**CORAL SPRINGS FL 33071**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number** **65-1103788**

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☒

**\$8.75** Additional  
 Fee Required

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

**SULSER, JOHN**  
**1484 NW 84TH TERR**  
**CORAL SPRINGS FL 33071**

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

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** \_\_\_\_\_  
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, 2002 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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	SULSER, JOHN	
STREET ADDRESS	1484 NW 84 TERR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	FRANK, SACAMFICKI	
STREET ADDRESS	12356 SAVOY RUN RD	
CITY-ST-ZIP	JUPITER FRENS FL 33478	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	S.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK SZAZERBIKI	
STREET ADDRESS	12356 SANDY RUN RD	
CITY-ST-ZIP	JUPITER FARMS FL 33478	
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		
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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02  
 Date

954-745-7986  
 Daytime Phone #

CR2E034 (9/01)