

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90003 018 ***158.75

DOCUMENT # P00000110180

1. Entity Name

JFS Holding Corp.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

791 Ramblewood Dr.

3. Mailing Address

P.O. Box 433

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, Fl.

City & State

Flagler Beach, Fl.

4. FEL Number

65-1103788

Applied For

Not Applicable

33071

Broward

32136

Flagler

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name John Sulser

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

28 Sugar Mill Lane

Flagler Beach, Fl. 32136

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P.D. John Sulser
28 Sugar Mill Lane
Flagler Beach, Fl. 32136

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S.T.D. Frank Szczerbicki
12356 Sandy Run Rd.
Jupiter Farms, Fl. 33478

TITLE
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CITY-ST-ZIP

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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 607, Florida Statutes; and that my name appears in Block 10 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 #

CR2E034B (12/02)