

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

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90020 010 \*\*\*158.75

DOCUMENT # P00000110180

1. Entity Name

JFS Holding Corp.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
791 Ramblewwood Dr.

3. Mailing Address  
P.O. Box 433

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Coral Springs, Fl.

City & State  
Flagler Beach, Fl.

4. FEI Number  
65-1103788

Applied For  
Not Applicable

33071 Country  
Broward

32136 Country  
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

City Flagler Beach, FL 32136

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 P.D.  
NAME Frank Szczerbicki  
STREET ADDRESS 12356 Sandy Run Rd.  
CITY-ST-ZIP Jupiter, Fl. 33478

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S.D.T.  
NAME John Sulser  
STREET ADDRESS 28 Sugar Mill Lane  
CITY-ST-ZIP Flagler Beach, Fl. 32136

TITLE  
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STREET ADDRESS  
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**DO NOT WRITE  
IN THIS SPACE**

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: John Sulser S.D.T.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-05  
Date

386-439-4390  
Daytime Phone #

CR2E034B (12/02)