

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117424

1. Entity Name

JDS HOLDINGS, INC.

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90143 044 \*\*\*158.75

Principal Place of Business

777 S. HARBOUR ISLAND BLVD.  
SUITE 270  
TAMPA FL 33602

Mailing Address

POST OFFICE BOX 418  
TAMPA FL 33601

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3698404

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, KAREN R  
4830 WEST KENNEDY BOULEVARD  
SUITE 630  
TAMPA FL 33609-2571

7. Name and Address of New Registered Agent

Name

Shelly C. Mayse

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

10124 Foxhurst Court

City

Orlando

FL

Zip Code

32836

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

Shelly C. Mayse  
(NOTE: Registered Agent signature required when reinstating)

4/2/01  
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, 2001 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 ☐ Delete  
NAME **D**  
STREET ADDRESS **STOUT, JOHN D**  
CITY-ST-ZIP **POST OFFICE BOX 418**  
**TAMPA FL 33601**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: John D. Stout

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

Date

813 270 1992

Daytime Phone #

CR2E034 (10/00)