

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90126 048 ***550.00

DOCUMENT # P01000004517

1. Entity Name
J.H. & S. AND COMPANY, INC.

Principal Place of Business

**1332 LANSDOWNE RD
TALLAHASSEE FL 32311**

Mailing Address

**P.O. BOX 16098
TALLAHASSEE FL 32317-6098**

2. Principal Place of Business

4948 Six Oaks Drive

Suite, Apt. #, etc.

3. Mailing Address

4948 Six Oaks Drive

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

Zip

32303

Country

USA

City & State

Tallahassee, FL

Zip

32303

Country

USA

4. FEI Number

59-3690824

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JERNIGAN, R.J.

1332 LANSDOWNE RD

TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name **R. Jeff Jernigan**

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

1332 Lansdowne Road

City **Tallahassee**

FL

Zip Code

32311

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/19/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

| | |
|--|---------------------------------|
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

8/19/02 8505767901

Date

Daytime Phone #

CR2E034 (4/02)