

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

08-20-2002 90126 049 \*\*\*550.00

**DOCUMENT # P01000035453**

1. Entity Name  
**J. P. & H. COMPANY, INC.**

Principal Place of Business

**PO BOX 16098  
TALLAHASSEE FL 32317-6098**

Mailing Address

**PO BOX 16098  
TALLAHASSEE FL 32317-6098**

2. Principal Place of Business

**4948 Six Oaks Drive**

3. Mailing Address

**4948 Six Oaks Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tallahassee FL**

City & State

**Tallahassee FL**

4. FEI Number

**59-3707505**

Applied For

Not Applicable

Zip

Country

**32303 USA**

Zip

Country

**32303 USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ERNIGAN, ROBERT J  
1332 LANSLOWNE RD.  
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name **R. Jeff Jernigan**

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

**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)

8/19/02  
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 \$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

TITLE **D** ☐ Delete  
NAME **JERNIGAN, ROBERT J**  
STREET ADDRESS **PO BOX 16098**  
CITY-ST-ZIP **TALLAHASSEE FL 32317-6098**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition  
NAME **R. Jeff Jernigan**  
STREET ADDRESS **1332 Lansdowne Road**  
CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/02 850576-7901  
Date Daytime Phone #

CR2E034 (4/02)