## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMEN L Entity Name	T#P01000047 <b>0</b> 72
	FILTER DRISES INC

JHTS ENTERPRISES, INC			02 MAY 21 AM 11: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
. , DO NOT WRITE	,IN,THIS,SP	ACE,	Metalinesaci		
2. Principal Place of Business 34825 Marshall Road 3. Mailing Address Marshall Road Suite, Apt. #, etc.  3. Mailing Address Marshall Road Suite, Apt. #, etc.		DO NOT WRITE IN THIS :	SPACE		
Eustis Florida	Eustis Florida		4. FEI Number 59-372623	Applied For Not Applicable	
Zip 2736 Country USA	<sup>Zip</sup> 32734	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Company (Section 1988) and the Company of the Compa		Name -	7. Name and Address of Current Registered	I Agent	
DO NOT W	RITE	166	P.O. Box Number is Not Acceptable)		
The state of the s	and the second s	33.5		,	
IN THIS SPACE 34825 Marshall Road					
8. The above named entity submits this statement to		L UJT		. 33736	
TERRY SQUILL ANTE PRE	the purpose of changing its re	egistere voince dr register	egagery or both, in the state or norda.	19/02	
SIGNATURE Signature, typed or printed name of registered agent?	and title if applicable	Rygistered Agent signature required	when reinstaing) DATE	11102	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January May 1 Fee is \$150.00  After May 1, Fee is \$550.00  After May 1, Fee is \$550.00  After May 1, Fee is \$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 THE PRES. SEC.	DIRECTORS DIC				
NAME TERRY SQUILLAR STREET ADDRESS 34825 Marshall	he Road	NAME STREET ADDRESS	\$0000567 	-01082015 (g	
CITY-ST-ZIP EUS-LIS FL 327	3 4	ecity ST Zie Soul	[643] Anno (1950) [653] <b>*****</b> [] [2] 14 (1951) [653] [653]	<u>/5 *****61.25</u> 8	
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CITY-ST-ZIP		CITY STROP OF SHAPE			
13. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other lightnessered.  TERRI SQUIRE AT 35.7.5.99.8.8.4.6.					
SIGNATURE:  SIGNATURE AND THEO OF PRINTED BY ME OF PICKYMIS OFFICER OR DIRECTOR  Date  Date  Deta  Det					