

AMENDED UBR
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # **P01000047072**

1. Entity Name

JHTS ENTERPRISES, INC

02 MAY 21 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

34825 Marshall Road

Suite, Apt. #, etc.

3. Mailing Address

34825 Marshall Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Eustis Florida

City & State

Eustis Florida

4. FEI Number

59-3726236

Applied For

Not Applicable

Zip

32736

Country

USA

Zip

32736

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TERRY SQUILLANTE

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

34825 Marshall Road

City **Eustis**

FL

Zip Code **32736**

**DO NOT WRITE
IN THIS SPACE**

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.

TERRY SQUILLANTE PRES

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/9/02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRES. V. PRES. SEC. TREAS. DIR**
NAME **TERRY SQUILLANTE**
STREET ADDRESS **34825 Marshall Road**
CITY-ST-ZIP **EUSTIS FL 32736**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500005678115
-06204702--01082--015
*******61.25 *****61.25**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

TERRY SQUILLANTE PRES.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/9/02

Daytime Phone #

352-589-8848

CR2E034B (12/01)

7/5/21/02