

FILED

Mar 10, 2002 8:00 am
Secretary of State

01-16-2002 90059 035 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000057532

1. Entity Name

JJH GROUP, INC.

Principal Place of Business

Mailing Address

130 PALM AVE #12
JUPITER FL 33477130 PALM AVE #12
JUPITER FL 33477

16584



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11380 Prosperity Farms Rd

3. Mailing Address

11380 Prosperity Farms Rd

Suite, Apt. #, etc.

111

Suite, Apt. #, etc.

111

City & State

Palm Beach Gardens

City & State

Palm Beach Gardens FLA

4. FEI Number

65-1123751

Applied For

Not Applicable

Zip

33410

Country

P.B. USA

Zip

33410

Country

USA

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

HENNESSEY, JAY
130 PALM AVE #12
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name

HENNESSEY, JAY

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

11380 Prosperity Farms Rd

City

P.B.G.

FL

Zip Code

33410

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
JAMES HENNESSEY
130 PALM AVE #12
Jupiter FLA 33477 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
130 palm ave #12
Jupiter FLA 33477 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-08-02 561-626
6234

CRP2524 (8/01)