

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90085 015 ***150.00

DOCUMENT # P02000028887	
1. Entity Name	
JBH of central Florida Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 983		3. Mailing Address P Box 983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kathleen, FL		City & State Kathleen, FL - 33849	
Zip 33849	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

94039100

DO NOT WRITE IN THIS SPACE		4. FEI Number 30-0052073		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name Singh, Herman Street Address (P.O. Box Number is Not Acceptable) 500 E SR 2022 City Casselberry FL Zip Code 32707		

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Singh, Jagtar P.Box 983 Kathleen, FL - 33849	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/04 863-255-1335
Date Daytime Phone #