

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90077 029 ***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 O Box 983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kathleen, FL		City & State Kathleen, FL	
Zip 33849	Country	Zip 33849	Country

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	

20014031

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Sing, Herman	
	Street Address (P.O. Box Number is Not Acceptable) 500 E SR 2022	
	City Caselberry	Zip Code 32707
	FL	

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

TITLE Director	NAME Singh, Jagtar
STREET ADDRESS P. Box 983	CITY-ST-ZIP Kathleen, FL 33849

11.

TITLE NAME	STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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:

Jagtar Singh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/05
Date

863-255-1335
Daytime Phone #