FILED
03 AUG 27 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000091114

1. Entity Name
JH III ENTERPRISES, INC.

600022630146
08/28/03--01003--021 **83.00

05-07-03 60041 006 $67.00

Principal Place of Business	Mailing Address
710 MERMAID DR. APT. #207 DEERFIELD BEACH, FL 33441	710 MERMAID DR. APT. #207 DEERFIELD BEACH, FL 33441

2. Principal Place of Business	3. Mailing Address
1170 Lakepointe lane	1170 Lakepointe lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation FL	City & State: Plantation, FL
Zip: 33322 Country: US	Zip: 33322 Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 14-1843771 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYNES, JAMES III
710 MERMAID DR. APT#207
DEERFIELD, FL 33441

7. Name and Address of New Registered Agent

Name: James Haynes III
Street Address (P.O. Box Number is Not Acceptable): 1170 Lakepointe lane
City: Plantation FL Zip Code: 33322

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] 8/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR Is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President James Haynes III 1170 Lake Pointe Ln Plantation FL 33322 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

8/27

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 8/25/03 954-818-2274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8/25/03

My name is James Haynes, III and I am writing to let you know that I did not get the information you sent out. This is why it is late.

Thanks for your time!