

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 17, 2003 8:00 am**  
**Secretary of State**

09-17-2003 90019 006 \*\*\*550.00

**DOCUMENT # P02000092729**

**1. Entity Name**  
**J J H1 CORPORATION**



**Principal Place of Business**  
**9727 TOUCHTON ROAD #108**  
**JACKSONVILLE FL 32246**

**Mailing Address**  
**9727 TOUCHTON ROAD #108**  
**JACKSONVILLE FL 32246**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

Applied For

☒ Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HAMMOND, JAMES J**  
**9727 TOUCHTON ROAD #108**  
**JACKSONVILLE FL 32246**

Name

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

City

**FL**

Zip Code

**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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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** **DP** ☐ Delete  
**NAME** **HAMMOND, JAMES J**  
**STREET ADDRESS** **9727 TOUCHTON ROAD #108**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32246**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**9-13-03**

Date

**904-233-5626**

Daytime Phone #

CR2E034 (4/03)

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September 15, 2003

Florida Department of State  
Secretary of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

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RE: Document # P02000092729  
J J H1 Corporation

Dear Sirs:

Enclosed are the 2003 for Profit Corporation Uniform Business Report and filing fee for J J H1 Corporation. James J. Hammond, the registered agent for this corporation was out of the state and not available to sign this form in order to meet the September 10<sup>th</sup> deadline. As soon as he returned I obtained his signature and submitted the forms. I apologize for the delay.

Should additional information be needed, please contact me @ (904) 421-1811 or fax @ (904) 421-1875.

Sincerely,

*Gail Bowen*

Gail Bowen  
Administrative Assistant