

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2003 8:00 am**  
**Secretary of State**

05-20-2003 90069 044 \*\*\*150.00

0344725 AV

**DOCUMENT #** P02000124559

**1. Entity Name**  
JHV, INC.



**Principal Place of Business**  
4901 SW 51 STREET  
DAVIE FL 33314

**Mailing Address**  
4901 SW 51 STREET  
DAVIE FL 33314

**2. Principal Place of Business**

4182 S. PINE Island

**3. Mailing Address**

4182 S. PINE Island

Suite, Apt. #, etc.

Rel.

Suite, Apt. #, etc.

Rel.

**City & State**

DAVIE, FL

**City & State**

DAVIE, FL

**Zip**

33328

**Country**

USA

**Zip**

33328

**Country**

USA

☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

03-0495414

**Applied For**

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

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

JORDAN, BRIAN T  
4901 SW 51 STREET  
DAVIE FL 33314

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

**Name**  
JORDAN, BRIAN

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

4182 S. PINE Island Rd

**City**  
DAVIE

**FL**

**Zip Code**

33328

**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**

*BRIAN JORDAN*

4/29/03

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**

**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**

<b>TITLE</b>	P,VP	<input type="checkbox"/> Delete
<b>NAME</b>	JORDAN, BRIAN T	
<b>STREET ADDRESS</b>	4901 SW 51 STREET	
<b>CITY-ST-ZIP</b>	DAVIE FL 33314	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

*BRIAN JORDAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 (954) 868-3278

Date

Daytime Phone #

CR2E034 (10/02)