

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90385 027 ***150.00

To:

From: Spiegel & Utrera

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P05000105866*

1. Entity Name
JJH FINANCIAL, INC
51-0550169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13348 BRISTOL PARK WAY

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

FORT MYERS FL

City & State

4. FEI Number

51-0550169

Applied For

Not Applicable

Zip

33913

Country

USA

Zip

Country

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

7. Name and Address of Current Registered Agent

Name
*Spiegel & Utrera, P.A.*Street Address (P.O. Box Number is Not Acceptable)
*1840 Coral Way, 4th Floor*City
*Miami***FL**Zip Code
*33145*DO NOT WRITE
IN THIS SPACE

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.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

January 1 - May 1: Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
*P/T/S
 JOHN J. HECK
 13348 BRISTOL PARK WAY
 FORT MYERS, FL 33913*

TITLE
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 CITY- ST- ZIP

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IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. HECK

Date

4/26/06

Daytime Phone #

239-481-5293