

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000024449

1. Entity Name

JSH ENTERPRISES, INC.

Principal Place of Business

1025 EASTER LILY LANE  
VERO BEACH FL 32963

Mailing Address

1225 45TH CT S.W.  
VERO BEACH FL 32968-4868  
US

2. Principal Place of Business

3125 Ocean Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Vero Beach, Florida

City & State

Zip

32963

Country

Zip

Country

4. FEI Number

65-0420246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUNT, JUDY  
1025 EASTER LILY LANE  
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title 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) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	ST	<input type="checkbox"/> Delete
NAME	SALMON, HARRIET	
STREET ADDRESS	1025 EASTER LILY LANE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOWARD, BARBARA	
STREET ADDRESS	1025 EASTER LILY LANE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HUNT, JUDITH	
STREET ADDRESS	1025 EASTER LILY LANE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 12 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

Date

Daytime Phone #

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90022 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)