

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90062 015 \*\*\*150.00

OFFICER  
AV

**DOCUMENT # P93000028399**

1. Entity Name

J.R. & D. J.H., INC.



Principal Place of Business

~~49 SINCLAIR DRIVE~~  
SARASOTA FL 34240  
US

Mailing Address

~~49 SINCLAIR DRIVE~~  
SARASOTA FL 34240  
US

2. Principal Place of Business

4856 Northwood Ave  
Suite, Apt., #, etc.

3. Mailing Address

Same  
Suite, Apt., #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
Sarasota FL

City & State

4. FEI Number 65-0395555

Applied For  
Not Applicable

Zip 34231

Country Sar250k2

Zip

Country

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

6. Name and Address of Current Registered Agent

HANNIGAN, JOHN R  
4856 NORTHWOOD AVE  
SARASOTA FL 34231

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. 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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME HANNIGAN, JOHN R  
STREET ADDRESS 4856 NORTHWOOD AVE  
CITY-ST-ZIP SARASOTA FL 34231

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP  
NAME HANNIGAN, DONNA J  
STREET ADDRESS 4856 NORTHWOOD AVE  
CITY-ST-ZIP SARASOTA FL 34231

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

John R Hannigan 1/21/03 941-924-9902  
Date Daytime Phone #

CR2E034 (10/02)