

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

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

04-17-2003 90211 003 \*\*\*150.00

DOCUMENT # P93000055892

1. Entity Name

JTH Enterprises, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

591 Lake Minnie Dr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 522442

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sanford, FL

City & State

Longwood, FL

4. FEI Number

59-3195007

Applied For

Not Applicable

Zip

32773

Country

US

Zip

32750

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

John Hagen

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

2666 Triplet Lake Ct.

City

Casselberry

FL

Zip Code

32707

**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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DPV  
Hagen, John  
P.O. Box 522442  
Longwood, FL 32750

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST  
Hagen, John  
P.O. 522442  
Longwood, FL 32750

TITLE

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John Hagen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kher. T. P. A. BNT Date 4-14-03

Date

Daytime Phone #

CR2E034B (12/02)