

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90045 050 ***150.00

DOCUMENT # P94000094077

1. Entity Name

JUST YOUR TYPE OF HERNANDO COUNTY, INC.

Principal Place of Business

11165 SPRING HILL DR
 SPRINGHILL FL 34609
 US

Mailing Address

11165 SPRING HILL DR
 SPRINGHILL FL 34609
 US

2. Principal Place of Business

1275 Caballero Ct.
 Suite, Apt. #, etc.

3. Mailing Address

1275 Caballero Ct.
 Suite, Apt. #, etc.

City & State

Spring Hill FL
 Zip 34608 Country USA

City & State

Spring Hill FL
 Zip 34608 Country USA

4. FEI Number

59-3286246

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GENOVA, FRANK

~~4059 LONGBRANCH CT-
 SPRINGHILL FL 34606~~

Name

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

1275 Caballero Ct.

City

Spring Hill

FL

Zip Code

34608

7. Name and Address of New Registered Agent

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

4/25/02

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, 2002 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 DPT ☐ Delete
 NAME GENOVA, FRANK
 STREET ADDRESS ~~4059 LONGBRANCH CT-~~
 CITY-ST-ZIP ~~SPRING HILL FL 34606~~

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1275 Caballero Ct.
 CITY-ST-ZIP Spring Hill FL 34608

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 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 REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 352 683 2474

Date

Daytime Phone #

CR2E034 (9/01)