

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90029 008 ***150.00

DOCUMENT # P95000001973

1. Entity Name

JPS OF ZIA, INC.

Principal Place of Business

2740 U.S. HWY. 27 NORTH
SEBRING FL 33872

Mailing Address

2740 U.S. HWY. 27 NORTH
SEBRING FL 33872

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0549098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, JERRIE L
2740 U.S. HWY. 27 NORTH
SEBRING FL 33872

Name HANCOCK, BRAD
Street Address (P.O. Box Number is Not Acceptable)
2740 US 27 N

City Sebring FL Zip 33870

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 BRAD HANCOCK

Brad Hancock

9/16/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME SMITH, JERRIE L
STREET ADDRESS 2740 U.S. HWY. 27 NORTH
CITY-ST-ZIP SEBRING FL 33872

TITLE D ☐ Change ☒ Addition
NAME HANCOCK, BRAD
STREET ADDRESS 2740 US 27 N.
CITY-ST-ZIP Sebring FL 33870

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: BRAD HANCOCK

Brad Hancock

4/16/01

863.382.2272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)