

# 2001 UNIFORM BUSINESS REPORT (UBR)

"AMENDED"

DOCUMENT # P95000084965

1. Entity Name

JHS LEASING OF TAMPA, INC.

FILED

01 APR 24 PM 1:18

Principal Place of Business  
100 N. TAMPA STREET  
SUITE 3900  
TAMPA, FLORIDA 33602

Mailing Address  
100 N. TAMPA STREET  
SUITE 3900  
TAMPA, FLORIDA 33602

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten mark]*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3346225

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

SYKES, JOHN H.  
100 N. TAMPA STREET  
SUITE 3900  
TAMPA, FLORIDA 33602

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, 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  
NAME  
D  
SYKES, JOHN H.  
STREET ADDRESS  
100 N. TAMPA STREET, SUITE 3900  
CITY-ST-ZIP  
TAMPA, FLORIDA 33602 ☐ Delete

TITLE  
NAME  
D/P  
STREET ADDRESS  
600004275726--4  
CITY-ST-ZIP  
-05/22/01--01031--003  
\*\*\*\*\*61.25 \*\*\*\*\*61.25 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
S  
MARGERY BASS  
STREET ADDRESS  
100 N. TAMPA STREET, SUITE 3900  
CITY-ST-ZIP  
TAMPA, FLORIDA 33602 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*[Handwritten Signature]*

John H. Sykes, President

4/13/01

(813) 233-2101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)