

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90493 017 \*\*\*150.00

**DOCUMENT # P95000084965**

1. Entity Name  
**JHS LEASING OF TAMPA, INC.**



Principal Place of Business  
**100 N. TAMPA STREET  
SUITE 3900  
TAMPA FL 33602**

Mailing Address  
**100 N. TAMPA STREET  
SUITE 3900  
TAMPA FL 33602**



2. Principal Place of Business  
**400 North Ashley Drive**

3. Mailing Address  
**400 North Ashley Drive**

Suite, Apt. #, etc.  
**Suite 2800**

Suite, Apt. #, etc.  
**Suite 2800**

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

Zip  
**33602**

Country  
**USA**

Zip  
**33602**

Country  
**USA**

☒ CHECK HERE IF MAKING CHANGES

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 NORTH TAMPA STREET  
SUITE 3900  
TAMPA FL 33602**

Name  
**John H. Sykes**

Street Address (P.O. Box Number is Not Acceptable)  
**400 North Ashley Drive**

**Suite 2800**

City  
**Tampa**

FL

Zip Code  
**33602**

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.

**John H. Sykes**

**2/25/03**

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SYKES, JOHN H  
100 N. TAMPA ST. SUITE 3900  
TAMPA FL 33602** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**400 North Ashley Drive, Suite 2800  
Tampa, FL 33602** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
BASS, MARGERY  
100 NORTH TAMPA STREET, SUITE 3900  
TAMPA FL 33602** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**400 North Ashley Drive, Suite 2800  
Tampa, FL 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  
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☐ Change ☐ Addition

TITLE  
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☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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:

**John H. Sykes**

**2/25/03**

**813-233-7300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)