

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024375

1. Entity Name

JS HEALTH SYSTEMS INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90122 034 ***150.00

Principal Place of Business

2745 WILD PINES LANE #529
NAPLES FL 34112
OC

Mailing Address

P.O. BOX 722
NAPLES FL 34106-0722
US

2. Principal Place of Business

2480 Lakeview Dr

3. Mailing Address

P.O. Box 722

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3

City & State

Naples FL

City & State

Naples FL

Zip

34112

Country

USA

Zip

34106

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0672597

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

SILVERSTONE, JOANNA
2745 WILD PINES LANE
#529
NAPLES FL 34182

Name

Joanna Silverstone

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

2480 Lakeview Dr #3

City

Naples

FL

Zip Code

34112

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

J. Silverstone

4-15-00

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: ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	PST	<input type="checkbox"/> Delete
NAME	SILVERSTONE, JOANNA	
STREET ADDRESS	2745 WILD PINES LANE #529	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joanna Silverstone	
STREET ADDRESS	2480 Lakeview Dr #3	
CITY-ST-ZIP	Naples, FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

J. Silverstone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00

Date

941.732.1892

Daytime Phone #

CR2E034 (9/99)