

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
 05-15-2002 90107 013 \*\*\*150.00

**DOCUMENT # P96000025156**

**1. Entity Name**  
**JTH ASSOCIATES, INC.**

**Principal Place of Business**

**990 HARBOR LAKE DR  
 SAFETY HARBOR FL 34695**

**Mailing Address**

**P O BOX 751  
 PALM HARBOR FL 34682**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**4218 INVERRARY BVD**

**3. Mailing Address**

**4218 INVERRARY BVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**APT 94B**

**APT. 94B**

City & State

City & State

**LAUDERHILL, FL.**

**LAUDERHILL, FL**

Zip

Country

Zip

Country

**33319**

**USA**

**33319**

**USA**

**4. FEI Number**

**59-3367021**

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**

**BURKE, LIMA**

**744-116TH AVE N**

**UNIT #1904**

**ST PETERSBURG FL 33716**

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**

*James T. Hacker*

*JAMES T. HACKER Treasurer*

*April 22, 2002*

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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HACKER, JAMES 990 HARBOR LAKE DR SAFETY HARBOR FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Hacker, James 4218 INVERRARY BVD APT. 94B LAUDERHILL FL 33319</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.** *SUN Check # 2721 \$150.00*

**SIGNATURE:**

*James T. Hacker*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 22, 2002 954 676 5285*  
 Date Daytime Phone #

CR2E034 (9/01)