2001 UNIFORM BUSINESS REPORT (UBR) FILED May 07, 2001 08:00 AM DOCUMENT # **P9700059768** 1. Entity Name **Secretary of State** JFH PROFESSIONAL SERVICES, INC. Principal Place of Business Mailing Address 5817D LYNN LAKE DRIVE SOUTH PO BOX 12746 ST. PETERSBURG FL ST PETERSBURG FL33712 33733 2. Principal Place of Business 3. Mailing Address 2665 64TH AVENUE SOUTH Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ST. PETERSBURG FL 59-3457412 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33712 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENRY JANET HENRY 5817D LYNN LAKE DRIVE SOUTH Street Address (P.O. Box Number is Not Acceptable) 2665 64TH AVENUE SOUTH ST. PETERSBURG FL33712 US City Zip Code ST. PETERSBURG 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 05/07/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCEO TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition X Change MAME HENRY JANET NAME FRAZIER HENRY JANET 5817D LYNN LAKE DRIVE SOUTH STREET ADDRESS STREET ADDRESS 2665 64TH AVENUE SOUTH FL 33712 CITY-ST-ZIP ST. PETERSBURG ST. PETERSBURG CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Сhапде TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

P/CE

05/07/2001

Daytime Phone #

Date

SIGNATURE: __Janet.Frazier Henry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR