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03 APR 24 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065226			
1. Entity Name J.S.U.B., INC.			
Principal Place of Business 2503 DEL PRADO BLVD STE 300 CAPE CORAL, FL 33904 US		Mailing Address 2503 DEL PRADO BLVD STE 300 CAPE CORAL, FL 33904 US	
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 65-0775278		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	
SUBLETT, JAMES 2503 DEL PRADO BLVD STE 300 CAPE CORAL, FL 33904		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when changing)			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		6000018457796 05/07/03--01082--020 **150.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SUBLETT, JAMES 2503 DEL PRADO BLVD 300 CAPE CORAL, FL 33904 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KEVIN J. BERTH 2503 DEL PRADO BLVD STE 300 CAPE CORAL, FL 33904 ☐ 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	KIMBERLY SHARK VICE PRESIDENT 2503 DEL PRADO BLVD ST 300 CAPE CORAL, FL 33904 ☐ 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
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 changes indicated.			
SIGNATURE _____ Signature of person authorized to execute this report as required by Chapter 607, Florida Statutes		Date 4/23/03	

CR2004 (10/02)