

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90091 015 ***150.00

DOCUMENT # P97000071475

1. Entity Name

JTH OF SOUTH FLORIDA, INC.

Principal Place of Business

1506 SW 98TH LANE
 FORT LAUDERDALE FL 33324
 US

Mailing Address

1506 SW 98TH LANE
 FORT LAUDERDALE FL 33324
 US

2. Principal Place of Business

10371 N. LAKE VISTA Circle

3. Mailing Address

10371 N. LAKE VISTA Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

65-0775446

Applied For

Not Applicable

Zip

33328

Country

USA

Zip

33328

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HAMMEN, JEFF
 9106-C SW 20TH STREET
 FORT LAUDERDALE FL 33324

7. Name and Address of New Registered Agent

Name

Jeff HAMMEN

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

10371 N. LAKE VISTA Circle

City

DAVIE

FL

Zip Code
 33328

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

Jeff HAMMEN, President

3-4-01

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, 2001 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 HAMMEN, JEFFREY T
 9106-C SW 20TH STREET
 FORT LAUDERDALE FL 33324

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PSTD
 Jeffrey T. HAMMEN
 10371 North LAKE VISTA Circle
 DAVIE, FL 33328

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 CITY-ST-ZIP

☐ Change ☐ 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.

SIGNATURE:

Jeff HAMMEN

3-4-01

954-801-3603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)