2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

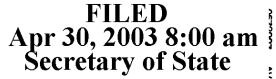
P98000098011 **DOCUMENT #**

1. Entity Name

J H B CORP.



	· .
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & Ctata	City & State



04-30-2003 90067 007 ***150.00

Principal Plac 6261 SE FIRS OCALA FL 34		Mailing Address 6261 SE FIRST ST. OCALA FL 34472								
2. Principal Place of Business		3. Mailing Address				! 18831884 IN 18494 INTIL 8831				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. F	El Number 59-3541735	_	Applied For		
Zip Country		Zip Coun		ry .	5. C	\$8.75 Additional Fee Required				
-	6. Name and Address of Current	Registered Agent			= 7:·N	lame and Address of New Registe	ered Ag	ent		
		<u>, </u>		Name						
BOYERS, 6261 SE I OCALA FI	FIRST ST		-	Street Add	dress (P.O. Bo	ox Number is Not Acceptable)				
OUALA II	L 347/3		-	City	·····		FL	Zip Co	de	
the obligat	named entity submits this statement friends of registered agent. Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00	t and title if applicable. (N			required when rei		DATE		00 May Be	
	r May 1, 2003 Fee will be \$550.00 k Payable to Plorida Department o					Trust Fund Contribution,		Adde	ed to Fees	
10.	OFFICERS AND		11.	T	ADI	DITIONS/CHANGES TO OFFICERS				
TITLE VAME STREET ADDRESS CITY-ST-ZIP	PC BOYERS, JOHN H 6261 SE FIRST ST OCALA FL 34472	☐ Delete	TITLE NAME STREE CITY-1	T ADDRESS			[∐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	• •	☐ Delete		T ADDRESS]	□ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP			[_ Change	Addition	

12. Thereby certify that the information supplied with this filling 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 other like empowered.

SIGNATURE: