2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037475

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90014 043 ***150.00

1. Entity Name

JHA PRIME HOLDINGS, INC.

Principal Place of Business	Mailing Address
14 OFFICE PARK DRIVE SUITE 1 PALM COAST FL 32137	14 OFFICE PARK DRIVE SUITE 1 PALM COAST FL 32137-3830

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
101 East Town Pl.	101 East Town Pl.
Suite, Apt. #, etc.: Suite 500	Suite, Apt. #, etc.: Suite 500
City & State: St. Augustine, Fl.	City & State: St. Augustine, Fl.
Zip: 32092 Country: USA	Zip: 32092 Country:

4. FEI Number: 59-3572296 — 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
MOTOLAW, INC. 50 NORTH LAURA STREET SUITE 2750 JACKSONVILLE FL 32202	Name: Joseph H. Adams Jr. Street Address (P.O. Box Number is Not Acceptable): 101 East Town Place Ste 500 City: St. Augustine FL Zip Code: 32092

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: Joseph H. Adams Jr. 4/19/00
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, 2000 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	D ☐ Delete	TITLE	P. P. ☑ Change ☐ Addition
NAME	ADAMS, JOSEPH H JR	NAME	Joseph H Adams Jr.
STREET ADDRESS	~~14 OFFICE PARK DRIVE SUITE 1~~	STREET ADDRESS	101 East Town Place Ste 500
CITY-ST-ZIP	~~PALM COAST~~ FL 32137	CITY-ST-ZIP	St. Augustine, Fl. 32092
TITLE	☐ Delete	TITLE	Director ☐ Change ☑ Addition
NAME		NAME	Frank Supniewski
STREET ADDRESS		STREET ADDRESS	101 East Town Place Ste. 500
CITY-ST-ZIP		CITY-ST-ZIP	St. Augustine, Fl. 32092
TITLE	☐ Delete	TITLE	Director ☐ Change ☑ Addition
NAME		NAME	Fred Golan
STREET ADDRESS		STREET ADDRESS	101 East Town Place Ste 500
CITY-ST-ZIP		CITY-ST-ZIP	St. Augustine, Fl. 32092
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: Joseph H. Adams Jr. 4/19/00 9049401116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #