2000 UNIFORM BUS	INESS REPO	RT (UBR)	•	
DOCUMENT# PAAOOOF5244			FILED	
1. Entity Name JSH HOLDINGS, INC.				
			00 MAR -8 PM 1:19	
Principal Place of Business Mailing Address			SECREMBY OF STATE TABLAHASSEE, FEORIBA	
311 N. NEWPORT AVE, SUITE 100 TAMPA, FC 33606-1323				
TAMPA, FC 3	3606-1323			
2. Principal Place of Business	3. Mailing Address	···	-	
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State	City & State		4. FEI Number Applied For Not Applicable	7
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	1
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	_
JACK S. HAMILTON, JR.				
638 GENEVA PLACE Street Addr			s (P.O. Box Number is Not Acceptable)	1
TAMPA (FL	•			
TAMPA (I C	5 3 6 0 6 -	Y/ ///	FL Zip Code	
8. The above named entity submits this statement for	or the purpose of changing its re	egistered office degist	tered agent, or both, in the State of Florida.	
SIGNATURE Signature, typed or printed name of registered agent	TOW JR tand title if applicable. (NOTE)	Ry Istered A Jank spirature requir	red when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible	FILE NOW!!!	FEE IS \$150.00	10. Election Campaign Financing \$5.00 May Be	1
Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 2000 Make Check Payable	Fee will be \$550,00 to Department of S	Trust Fund Contribution Added to Fees	
11. OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_ [
TITLE JACK S. HAMILTON, .	JR □ Delete	TITLE	☐ Change ☐ Addition	034 (9/99)
STREET ADDRESS PRESIDENT		NAME STREET ADDRESS	7000031719175 -03/16/0001002011	8
CITY-SI-ZIP JAMPA, FC 330	606-1323	CITY-ST-ZIP	****635.08 ****158.75	2E0
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CITY-ST-ZIP		CITY-ST-ZIP		4
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TITLE NAME	☐ Delete	TITLE	Change Addition	
STREET ADDRESS		NAME STREET ADDRESS	8/2	
CITY-ST-ZIP		CITY-ST-ZIP	KE	
13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empion changed, or on an attachment with an address.	s true and accurate and that my owered to execute this report as	signature shall have the	section 947(a)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director of the statutes; and that my name appears in Block 11 or Block 12 if	
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SIGNATURE: ACC S. A. A. A. SIGNATURE AND TYPED OR F	PRINTED NAME OF SIGNING OFFICER OR	DIRPETON NO	Date Daytine Phone #	