FILED

Apr 28, 2003 8:00 am Secretary of State

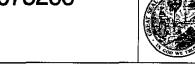
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2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P99000075266

1. Entity Name JSH HOLDINGS, INC.



Principal Place of Business Mailing Address 311 N. NEWPORT AVE., SUITE 100 311 N. NEWPORT AVE., SUITE 100 TAMPA FL 33606-1323 TAMPA FL 33606-1323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3605881 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMILTON, JACK S JR. Street Address (P.O. Box Number is Not Acceptable) 638 GENEVA PLACE TAMPA FL 33606 City 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE Change ☐ Addition NAME HAMILTON, JACK S JR. NAME 311 N. NEWPORT AVE., SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33606-1323 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME EVELAND, JOHN A NAME STREET ADDRESS 311 N NEWPORT AVE SUITE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606-1323 Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TY-ST-ZIP

12. I hereby certify that the information supplied with this filling does no indicated on this report or supplemental report is true and accura of the corporation or the receiver or trustee empowered to exec changed, or on an attachment with an address, with all other lik

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information chature shall have the same legal effect as if made under oath; that I am an officer or director puired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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