

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

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90412 025 ***150.00

DOCUMENT #
1. Entity Name Gideon Bros #2 CORPORATION
PO1000010675 ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1944 SE PORT ST LUCIE BLVD. Suite, Apt. #, etc.
3. Mailing Address 1944 SE PORT ST LUCIE BLVD. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Lucie, FL Zip 34952 Country USA
City & State Port St Lucie, FL Zip 34952 Country USA

4. FEI Number 65-1081643
Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Rafat Jadon
Street Address (P.O. Box Number is Not Acceptable) 1944 SE PORT ST LUCIE BLVD.
City Port St Lucie FL Zip Code 34952

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>President</u> <u>Rafat Jadon</u> <u>1944 SE Port St Lucie Blvd.</u> <u>Port St Lucie, FL 34952</u>
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date 6/3/02 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)