

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90478 046 \*\*\*150.00

**DOCUMENT # P96000000952**

1. Entity Name  
**JADON, LTD., INC.**



Principal Place of Business  
**701 ENTERPRISE ROAD EAST  
SUITE 100  
SAFETY HARBOR FL 34695**

Mailing Address  
**701 ENTERPRISE ROAD EAST  
SUITE 100  
SAFETY HARBOR FL 34695**



2. Principal Place of Business  
**701 Enterprise Road East**

3. Mailing Address  
**701 Enterprise Road East**

Suite, Apt. #, etc.  
**Suite 303**

CHECK HERE IF MAKING CHANGES

City & State  
**Safety Harbor, FL**

City & State  
**Safety Harbor, FL**

4. FEI Number  
**59-3358939**

Applied For  
 Not Applicable

Zip  
**34695**

Country  
**US**

Zip  
**34695**

Country  
**US**

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

6. Name and Address of Current Registered Agent  
**SULLIVAN, JOHN  
701 ENTERPRISE ROAD EAST  
SUITE 100  
SAFETY HARBOR FL 34695**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                                   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---------------------------------|---|---|
| TITLE<br><b>VP</b>   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>SULLIVAN, JOHN</b>                                |                                 | NAME  |   |
| STREET ADDRESS<br><b>701 ENTERPRISE ROAD EAST, SUITE 100</b> |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>SAFETY HARBOR FL</b>                       |                                 | CITY-ST-ZIP   |   |
| TITLE<br><b>PD</b>   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>SULLIVAN, KAREN</b>                               |                                 | NAME  |   |
| STREET ADDRESS<br><b>701 ENTERPRISE RD, 100</b>              |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>SAFETY HARBOR FL</b>                       |                                 | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | NAME  |   |
| STREET ADDRESS   |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                                 | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | NAME  |   |
| STREET ADDRESS   |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                                 | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | NAME  |   |
| STREET ADDRESS   |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                                 | CITY-ST-ZIP   |   |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE **4/21/03** **727-796-7476**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)