## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 849658**

## CLIDEDING AID DARTS INCORPORATED

Principal Place of Business		Mailing Address				
14280 GILLIS ROAE DALLAS TX 75244-3		14280 GILLIS ROAD DALLAS TX 75244-3				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			

## **FILED** May 06, 2000 8:00 am Secretary of State

05-06-2000 90300 001 \*\*\*150.00 05-06-2000 90300 002 \*\*\*\*\*8.75



CHARLELO, JENNIFER 5101 MW 21ST AVENUE STE 140 FI. LAUDERDALE FL 33309  8. The above named entity submits into statement for the purpose of changing its registered diffice or registered agent. Or born, in the State of Florida.  SIGNATURE 11. POFFICERS AND DIFFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11.  11. OFFICERS AND DIFFECTORS 11. OFFICERS AND DIFFECTORS 11. OFFICERS AND DIFFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11.  11. OFFICERS AND DIFFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11.  12. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11.  13. OFFICERS AND DIFFECTORS 14. AND STATE AGENCY. AND			Suite, Apr. #, etc.			DO NOT WAITE IN THIS SPACE					
Signature   Country   Signature   Si			City & State	e		4. FEI Number 75-1253598			<del></del>		
Name   John Giles	Zip	Country	Zip	Country	5.	. Certificate of Status Desired		8.75 Add	litional		
CHARIELLO, JENNIFER 5101 NW 21ST AVENUE STE 140 FT. LAUDERDALE FL 33309  8. The above named entity submits this statement for the purpose of changing to registered differ or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  STEWARD TO THE STATE OF THE NOW 11 FE IS 150.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  142.00 GILLS ROAD  OLLIAS TX 75244-792  THE  OPENS  THE LOWS 11 SERIORSS  142.00 GILLS ROAD  DALLAS TX 75244-3792  THE  OPENS  THE LOWS 11 SERIORSS  SISTET ADDRESS  OUT -51-2P  THE  OPENS  THE LOWS 11 SERIORSS  SISTET ADDRESS  GIT'-51-2P  THE  OPENS  THE LOWS 11 SERIORSS  SISTET ADDRESS  GIT'-51-2P  THE  OPENS  THE LOWS 11 SERIORSS  SISTET ADDRESS  GIT'-51-2P  THE  OPENS  THE LOWS 11 SERIORSS  SISTET ADDRESS  GIT'-51-2P  THE  OPENS  THE LOWS 11 SERIORSS  SISTET ADDRESS  GIT'-51-2P  THE  OPENS  THE LOWS 11 SERIORSS  SISTET ADDRESS  GIT'-51-2P  THE  OPENS  THE LOWS 11 SERIORSS  SISTET ADDRESS  GIT'-51-2P  THE  OPENS  THE LOWS 11 SERIORSS  SISTET ADDRESS  GIT'-51-2P  THE  OPENS  THE LOWS 11 SERIORSS  SISTET ADDRESS  GIT'-51-2P  THE  OPENS  THE LOWS 11 SERIORSS  SISTET ADDRESS  GIT'-51-2P  THE  OPENS  THE LOWS 11 SERIORSS  GIT'-51-2P  THE  OPENS  THE LOWS 11 SERIORS SERI	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
S101 NW 21ST AVENUE STE 140 FF. LAUDERDALE FL 33309  City Ft. Lauderdale FL Zip Code 33309  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.  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITIE THE NAME STREET ADDRESS 15TER			-		Name John G	iles	<del></del>				
S101 NW 21ST AVENUE STE 140 FF. LAUDERDALE FL 33309  City Ft. Lauderdale FL Zip Code 33309  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.  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITIE THE NAME STREET ADDRESS 15TER	CHIARIELLO, JENNIFER										
8. The above named entity submits this statement for the purpose of changing its registared office or registared agent, or both, in the State of Fiorda.  SIGNATURE  9. This corporation is eligible to satisfy its interngible Tax Hing; requirement and elects to do so   Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  P COLEMAN, BERNIG  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  P COLEMAN, BERNIG  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  P COLEMAN, BERNIG  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  P COLEMAN, BERNIG  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  P COLEMAN, BERNIG  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  P COLEMAN, BERNIG  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  P COLEMAN, BERNIG  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  P COLEMAN, BERNIG  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  13. AT A TO EVERY TIME AND DIRECTORS  14.280 GILLIS ROAD  DALLAS TX 75244-3792  TILE  Delete  T											
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, speed or printer name of registered positions of a supplicable.   CPTCF. Progressed Agent signature required when recratifing   CPTCF. Progressed Agent signature required when recratificity   CPTCF. Progressed Agent signature required when recratifing   CPTCF. Progressed Agent signature required when recratifing   CPTCF. Progressed Agent signature required when recratificity   CPTCF. Progressed Agent signature required when recratifing   CPTCF. Pro	STE	140									
SIGNATURE    Signature   Signa					City Ft. Lat	ıderdale	FL	Zip Code	33309		
SIGNATURE    Signature   Signa	8. The above	named entity submits this statement for th	ne purpose of changing its re	egistered	office or registered a	agent, or both, in the State of F	orida.				
SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  NAME  COLEMAN, BERNIG  14280 GILLIS ROAD  DALLAS TX 75244-3792  TITLE  NAME  STRET ADDRESS  CITY-S1-ZIP  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TILE  P  CFOV  STRET ADDRESS  CITY-S1-ZIP  Delete  TITLE  NAME  STRET ADDRESS  CITY-S1-ZIP  Delet		1	H_A_	- -	•		,	. ب <sub>د</sub>	~		
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT I.  P COLEMAN, BERNIG TAX 75244 A 3792  TITLE CFOV Delate TITLE VP, ST. 2P  TITLE CFOV TAX Filling ROAD CITY-ST. 2P  TITLE CFOV TAX Filling ROAD CITY-ST. 2P  TITLE CTO, ST. 2P  TITLE CHANGES CITY-ST. 2P  TITLE CHANGES CI	SIGNATURE	< 10h-		Z			4-6	2 - O	<u>ر</u>		
Tax filing requirement and elects to do so. (See criteria on back)    Tite	SIGNATURE .	Signature, typed or printed name of registered agent and	ute if applicable. (NOTE:	Registered A	gent signature required when	n reinstating)	DATE				
Tax filing requirement and elects to do so. (See criteria on back)    Tite	9 This corne	exation is aligible to satisfy its Intangible	FILE NOW!	! FFF IS	\$ \$150.00				_		
Make Check Payable to Department of State					•	, =					
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP COLEMAN, BERNIG 14280 GILLIS ROAD DALLAS TX 75244-3792 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CI	(See criter	ria on back)	, -			irusi Fund Contributio	лı, Ш	MOUBU	10 1 553		
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS	11.	OFFICERS AND DII	RECTORS	12.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11		
STREET ADDRESS   14280 GilLis ROAD   DALIAS TX 75244-3792   TITLE   CFOV   TITLE   CTOV   TITL	TITLE			TITLE	VP Sal	Les		☐ Change	X Addition		
CITY-ST-ZIP  DALLAS TX 75244-3792  CITY-ST-ZIP  DALLAS TX 75244-3792  TITLE  CFOV FARLEY, JERRY 14280 GILLIS ROAD DALLAS TX 75244-3792  TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE STREET A	NAME			NAME							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S		14280 GILLIS ROAD			í í	Gillis Road					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	DALLAS TX 75244-3792		CITY-S	раттаз		<u> </u>				
STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-	TITLE	1	X Delete		ž.	-		Change	X Addition		
CITY-ST-ZIP DALLAS TX 75244-3792  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZI						<u>-</u>					
TITLE NAME SIREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS		k			14200						
NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES		UALLAS   X /5244-3/92	· []	╂—	uallas	-		[-] Change	□ Addition		
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CIT			L Defete					C. Change	X Addition		
CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP  CHAPTER STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP  CHAPTER STREET ADDRESS CITY-ST-ZIP				•	ADDRECC						
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET	- 1			CITY-S	[-/IP	,					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Delete NAME STREET ADDRESS CITY-ST-ZIP  TO DELETE STREET	TITLE		Delete	TITLE				<b>∑</b> Change	Addition		
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP STR								•			
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TO Delete  TITLE  TO Delete  TO Delete  TITLE  TO Delete  TO Delete  TITLE  TO Delete  TO Del	STREET ADDRESS				ADDRESS 14280						
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST	CITY-ST-ZIP			CITY-S			2				
STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TOTALE  STREET ADDRESS CITY-ST-ZIP  TOTA	TITLE	•	☐ Delete	TITLE	20114	-, ,, -, -, -, -, -, -, -, -, -,		Change	☐ Addition		
CITY-ST-ZIP  TITLE  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ı	}									
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  TO Addition  Addition  Change  Addition  Addition					į.						
NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP  Section 119 07/2V(i) Florida Statutes   further certify that the information				<del></del>	1-711		<del></del>	[] Chases	Mdditio-		
STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP			∟ Delete					L Unange	☐ Addition		
CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP					ADDRESS						
Library will allow the information and find with this filler does not qualify for the examption stated in Section 110 07/29). Florida Statutes I further certify that the information				B	ř						
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	40	Pertify that the information supplied with the	is filing does not qualify for t	the evem	ntion stated in Section	n 119.07(3)(i). Florida Statutes	I further certi	fy that the in	formation		
	indicated of the cor	on this report or supplemental report is tru	ue and accurate and that my	y signatur	e shall have the sam d by Chapter 607. Flo	e legal effect as if made under orida Statutes; and that my nan	oath; that I an	n an officer Block 11 or	or director Block 12 if		

Bernie Coleman

4/24/00

(972) 233-4433