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

## K58956 DOCUMENT #



## **FILED** Apr 14, 2003 8:00 am

DOCUMENT  1. Entity Name HADDAD BROTHE		_			Secretary of State 04-14-2003 90387 040 ***150.00		
Principal Place of Business 3880 S WASHINGTON AVE #212 > 7 6 TITUSVILLE FL 32780 US 2. Principal Place of Business		Mailing Address 3880 S WASHINGTON AVE #212 2-3 6 TITUSVILLE FL 32780 US 3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEl Number 59-2966876	Applied For Not Applicable	
Zip	Country	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name	and Address of Current I	Registered Agent	-		7. Name and Address of New Registered Ag	ent	
HADDAD, FRED SR. 3880 S WASHINGTON AVE STE 242 236 TITUSVILLE FL 32780				Name Street Address (P.O. Box Number is Not Acceptable)  City			
the obligations of registers					ed agent, or both, in the State of Florida. I am far when reinstating)  DATE	<u>L</u>	
•	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	

	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of State	·			U May Be to Fees		
10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS ( CITY-ST-ZIP	PSD HADDAD, SAMUEL G. 1400 MUIRFIELD DR. TITUSVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	VTD HADDAD, FRED SR. 2260 SARAZEN CT. TITUSVILLE FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Topicamagnitus of the state of	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	— ☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		

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:**