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

# L12842 **DOCUMENT #**

1. Entity Name

HADDAD BROTHERS BEALTY CO. INC.



# Apr 14, 2003 8:00 am \$ Secretary of State 04-14-2003 90388 012 \*\*\*\*

i.							
Principal Place of Business 3880 S WASHINGTON AVE 対え ンづら		Malling Address 3880 S WASHINGTON AVE 発を アスら					
TITUSVILLE FL 32780		TITUSVILLE FL 32780				111 1 <b>11</b>	
US Control of State o		US					
2. Principal Place of Business		3. Mailing Address		A 1000/2016 Best 1501 in 21044 18011 81018 2401 B3011 8		1947 (BE)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4: FEI Number 59-2966408	Applied Not Ap	d For plicable	
Zip	Country	Zip	Coun	ntry	5. Certificate of Status Desired	<b>\$8.75</b> Addition Fee Required	al
	6. Name and Address of Curren	t Registered Agent		7	7. Name and Address of New Registered	Agent -	
				Name			
HADDAD, FRED, SR. 2260 SARAZEN CT		Street Address		Street Address (I	P.O. Box Number is Not Acceptable)		
	E FL 32780						
	man v			City	FL	Zip Code	-
8. The above named entity submits this statement for the purpose of changing its reg			its register	ed office or register	ed agent, or both, in the State of Florida. I am	familiar with, and	accept
	ions of registered agent.						
SIGNATURE .	<u></u>				·		
	Signature, typed or printed name of registered ager	t and title if applicable, (I	NOTE: Registere	d 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			. ت		Election Campaign Financing -     Trust Fund Contribution.	<b>\$5.00</b> M Added to F	ay Be ees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN	11
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NAME	HADDAD, FRED, SR.					☐ Change ☐	Addition
STREET ADDRESS	4444 ALBATELLAT		NAM	Ε		Change	Addition
	2260 SARAZEN CT	•	STRE	EET ADDRESS		∐ Change	Addition
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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 impowered 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:**