

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 08:00 AM
Secretary of State

DOCUMENT # **L81854**

1. Entity Name
JAD CONTRACTORS INC.

Principal Place of Business

2535 MEADOWOOD DR

NEW PORT RICHEY
34655

FL

Mailing Address

2535 MEADOWOOD DR

NEW PORT RICHEY
34655

FL

2. Principal Place of Business

3147 LODI DRIVE

3. Mailing Address

3147 LODI DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NEW PORT RICHEY

FL

City & State

NEW PORT RICHEY

FL

Zip
34655

Country

Zip
34655

Country

4. FEI Number

59-3017755

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAMALOS ANGELLE D
2535 MEADOWOOD DR

NEW PORT RICHEY
34655

FL

US

7. Name and Address of New Registered Agent

Name

DAMALOS ANGELLE D

Street Address (P.O. Box Number is Not Acceptable)
3147 LODI DRIVE

City

NEW PORT RICHEY

FL

Zip Code
34655

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 _____ DATE **04/23/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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

CEO
DAMALOS ANGELLE D
2535 MEADOWOOD DR
NEW PORT RICHEY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CEO
DAMALOS ANGELLE D
3147 LODI DRIVE
NEW PORT RICHEY FL 34655

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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

SIGNATURE: Angelle D Damalos

ceo

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)