

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90178 016 ***550.00

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DOCUMENT # M49141

1. Entity Name
JODICO, INC.



Principal Place of Business
**6495 LAKEWORTH RD
SUITE 209
GREENACRES FL 33463
US**

Mailing Address
**6415 LAKE WORTH RD.
SUITE 209
GREENACRES FL 33463**

2. Principal Place of Business

3. Mailing Address

6495 Lake Worth Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Greenacres FL

Zip

Country

Zip

Country

33463

Palm Bch

4. FEI Number **59-2786999**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BISIGNANO, JOSEPH P.
6415 LAKE WORTH ROAD
SUITE 209
GREENACRES FL 33463**

Name

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

6495 Lake Worth Rd

City

Greenacres

FL

Zip Code

33463

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 **D** ☐ Delete
NAME **BISIGNANO, JOSEPH P.**
STREET ADDRESS **6415 LAKE WORTH ROAD, SUITE 209**
CITY-ST-ZIP **GREENACRES FL 33463**

☒ Change ☐ Addition
NAME **6495 Lake Worth Rd**
STREET ADDRESS **Greenacres FL 33463**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BISIGNANO, DIANE T.**
STREET ADDRESS **13025 GREENTREE TRL**
CITY-ST-ZIP **W. PALM BCH FL**

☒ Change ☐ Addition
NAME **6495 Lake Worth Rd**
STREET ADDRESS **Greenacres FL 33463**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Diane T. Bisignano **8/29/03** **561/792 4677**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)