

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000079021**1. Entity Name  
JABADA, INC.

## Principal Place of Business

3203 WEST OSBORNE AVENUE

TAMPA  
33614

FL

## Mailing Address

3203 WEST OSBORNE AVENUE

TAMPA  
33614

FL

## 2. Principal Place of Business

1406 JEAN ST.

## 3. Mailing Address

1406 JEAN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

LUTZ

FL

## City &amp; State

LUTZ

FL

## 4. FEI Number

59-3669650

Applied For

Not Applicable

Zip  
33549

Country

Zip  
33549

Country

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CADLE DENNIS  
3203 WEST OSBORNE AVENUETAMPA  
33614

FL

## 7. Name and Address of New Registered Agent

## Name

STANSEL JOHN

Street Address (P.O. Box Number is Not Acceptable)  
1406 JEAN ST.City  
LUTZ

FL

Zip Code  
33549

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 **JOHN STANSEL**

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

(NOTE: Registered Agent signature required when reinstating)

04/25/2001

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	STANSEL JOHN	
STREET ADDRESS	1406 JEAN STREET	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	CADLE DENNIS	
STREET ADDRESS	3203 WEST OSBORNE AVENUE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CADLE DENNIS	
STREET ADDRESS	3203 WEST OSBORNE AVENUE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRATE ROBERT	
STREET ADDRESS	P.O. BOX 273756	
CITY-ST-ZIP	TAMPA FL 33688	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANSEL JOHN	
STREET ADDRESS	1406 JEAN STREET	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **ROBERT BRATE**

D

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)