

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

DOCUMENT # **001000075313**
1. Entity Name
JAREDA CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2008 Berry Roberts Dr
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 5586
Suite, Apt. #, etc.

City & State
SUN CITY CENTER FL

City & State
SUN CITY CENTER FL

Zip
33573

Country
U.S.A.

Zip
33571

Country
U.S.A.

**DO NOT WRITE
IN THIS SPACE**

4. FEI Number
59-1641278

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
GEORGE D. BUTLER

Street Address (P.O. Box Number is Not Acceptable)
2008 BERRY ROBERTS DR

City
Sun City Center

FL

Zip Code
33573

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	GEORGE D. BUTLER P.O. Box 5586 SUN CITY CENTER FL 33571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOROTHY L. BUTLER P.O. Box 5586 SUN CITY CENTER FL 33571
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Dorothy L. Butler** **DOROTHY L. BUTLER** **4/12/02** **813/634-5551**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)