

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90485 017 ***150.00

DOCUMENT # P02000004328

1. Entity Name
JABADI, INC.



Principal Place of Business
**1412 BROWN DEER COURT
APOPKA FL 32712**

Mailing Address
**1412 BROWN DEER COURT
APOPKA FL 32712**

2. Principal Place of Business
1037 Old Magnolia Cove
Suite, Apt. #, etc.

3. Mailing Address
1037 Old Magnolia Cove
Suite, Apt. #, etc.

City & State
Apopka, FL

City & State
Apopka FL

Zip
32712

Country

Zip
32712

Country

4. FEI Number
01-0578931

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

**ABADI, JOHN
1412 BROWN DEER COURT
APOPKA FL 32712**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE **DPV** ☐ Delete
NAME **ABADI, JOHN**
STREET ADDRESS **1412 BROWN DEER COURT**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **ST** ☐ Delete
NAME **ABADI, JOHN**
STREET ADDRESS **1412 BROWN DEER COURT**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03
Date

407 963 5226
Daytime Phone #

CR2E034 (10/02)