

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90971 033 ***150.00

0688064 AV

DOCUMENT # P02000009160

1. Entity Name
CDAS, INC.



Principal Place of Business
**38874 US 19 NORTH
TARPON SPRINGS FL 34689**

Mailing Address
**38874 US 19 NORTH
TARPON SPRINGS FL 34689**

2. Principal Place of Business
38850 US 19 NORTH
Suite, Apt. #, etc.

3. Mailing Address
38850 US 19 NORTH
Suite, Apt. #, etc.

City & State
TARPON SPRINGS, FL
Zip
34689
Country
PINELLAS

City & State
TARPON SPRINGS, FL
Zip
34689
Country
PINELLAS

4. FEI Number
04-3589965

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**TABUS, COLEEN N
38874 US 19 NORTH
TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name
COLEEN N. TABUS
Street Address (P.O. Box Number is Not Acceptable)
38850 US 19 NORTH
City
TARPON SPRINGS FL Zip Code
34689

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 *Coleen N. Tabus*

4/29/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Coleen N. Tabus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03
Date

Daytime Phone #

CR2E034 (10/02)