FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91417 047 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000025726

1. Entity Name
GADDI SERVICES, INC.

11040353

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
N. Federal Hwy. #215	717 E. Oak Street
Suite, Apt. #, etc. P.O. Box 2436	Suite, Apt. #, etc.
City & State: Lighthouse Point, FL	City & State: Kissimmee, FL
Zip: 33064 Country: USA	Zip: 34744 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 01-0632289 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Swart, Harry J. CPA

Street Address (P.O. Box Number is Not Acceptable): 717 E. Oak Street

City: Kissimmee FL Zip Code: 34744

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: _____ DATE: 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

DO NOT WRITE IN THIS SPACE

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	Daniel Gaddi
STREET ADDRESS	N. Federal Hwy. #215
CITY-ST-ZIP	Lighthouse Pt., FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/30/03 Date 954 243-7977 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR