

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
 05-10-2002 90052 010 ***150.00

DOCUMENT # P92000003340

1. Entity Name
JADON ASSOCIATES, INC.

Principal Place of Business
 2337 NW 34 TER
 COCONUT CREEK FL 33066

Mailing Address
 2337 NW 34 TER
 COCONUT CREEK FL 33066

359341



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 751 Lyons Rd
 Suite, Apt. #, etc.
 #18101

3. Mailing Address
 751 Lyons Rd
 Suite, Apt. #, etc.
 #18101

City & State
 Coconut Creek FL
Zip
 33063

City & State
 Coconut Creek FL
Zip
 33063

4. FEI Number 65-0373605
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GREEN, DONALD
 2337 NW 34 TER
 COCONUT CREEK FL 33066

→ new address →

7. Name and Address of New Registered Agent

Name Donald Green
Street Address (P.O. Box Number is Not Acceptable)
 751 Lyons Rd (#18101)
City Coconut Creek **FL** **Zip Code** 33063

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 *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D GREEN, DONALD	2337 NW 34 TER	COCONUT CREEK FL 33066	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/24/02 **Daytime Phone #** 800 237 1283

CR2E034 (9/01)