2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State
03-12-2008 90026 027 ***150.00

DOCUMENT # P92000014945

1. Entity Name
JESS J. YADO, III, P.A.

Principal Place of Business	Mailing Address
ONE URBAN CENTRE, SUITE 750 4830 W. KENNEDY BLVD. TAMPA FL 33609	ONE URBAN CENTRE, SUITE 750 4830 W. KENNEDY BLVD. TAMPA FL 33609

1st MOORE CR2E034 (10/07)

2. Principal Place of Business No P.O. Box #		3. Mailing Address	
4830 W. Kennedy Blvd.		4830 W. Kennedy Blvd.	
Suite, Apt. #, etc. One Urban Centre, Suite 575		Suite, Apt. #, etc. One Urban Centre, Suite 575	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33609	Country Hillsborough	Zip 33609	Country Hillsborough

4. FEI Number 59-3156292 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

YADO, JESS J III
ONE URBAN CENTRE, SUITE 750
4830 W. KENNEDY BLVD.
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) One Urban Centre, Suite 575
4830 W. Kennedy Blvd.
City Tampa FL Zip Code 33609

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 ____________________ 3/3/08
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, 2008 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	DPST YADO, JESS J III 4830 W KENNEDY BLVD STE 750 TAMPA FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4830 W. Kennedy Blvd., Ste.575 Tampa, FL 33609	XX Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: ____________________ 3/3/08 813-286-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Jess J. Yado III, Pres.