

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90935 007 \*\*\*150.00

**DOCUMENT # P94000072129**



1. Entity Name  
**J.T.D., INC.**

Principal Place of Business  
**OLEY'S MARKET**  
**3891 46TH AVE.**  
**ST. PETERSBURG FL 33714**

Mailing Address  
**OLEY'S MARKET**  
**3891 46TH AVE.**  
**ST. PETERSBURG FL 33714**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3274331**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~AYYASH, ISHAG ABU~~ **JAMAL QANDIL**  
**3891 46TH AVENUE N**  
**ST. PETERSBURG FL 33714**

Name **JAMIL QANDIL**

Street Address (P.O. Box Number is Not Acceptable)  
**3891 46TH AVE N.**

City **ST PETERSBURG** **FL** Zip Code **33714**

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)

**4-10-03**  
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 ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☒ Delete  
NAME **AYYASH, ISHAG ABU**  
STREET ADDRESS **3891 46TH AVENUE N**  
CITY-ST-ZIP **ST. PETERSBURG FL 33714**

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

TITLE **VP** ☒ Delete  
NAME **ALBARGAUTHI, HUSNI**  
STREET ADDRESS **4102 BAYSHORE ROAD**  
CITY-ST-ZIP **SARASOTA FL 34234**

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

TITLE **P** ☐ Delete  
NAME **QANDIL, JAMAL**  
STREET ADDRESS **775-N-VILLAGE DR. #101 B**  
CITY-ST-ZIP **ST. PETE FL 33716**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-03** **621-251-5994**  
Date Daytime Phone #

CR2E034 (10/02)