

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90031 050 ***150.00

DOCUMENT # P95000024583

1. Entity Name
JOSABAD, INC.

Principal Place of Business

**21274 33RD ROAD
 LAKE CITY FL 32024**

Mailing Address

**21274 33RD ROAD
 LAKE CITY FL 32024**

2. Principal Place of Business

RR 1 BOX 675

Suite, Apt. #, etc.

Hwy 41N

City & State

LAKE CITY, FL

3. Mailing Address

RR 1 BOX 675

Suite, Apt. #, etc.

Hwy 41N

City & State

LAKE CITY, FL

Zip

32055

Country

USA

Zip

32055

Country

USA

6. Name and Address of Current Registered Agent

**MCKENZIE, GEORGE → DECEASED
 27214 33 RD.
 LAKE CITY FL 32024**

4. FEI Number

59-3304005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

7. Name and Address of New Registered Agent

Name

RANDY MCKENZIE

Street Address (P.O. Box Number is Not Acceptable)

21274 33RD ROAD

City

LAKE CITY

FL

Zip Code

32024

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

Randy McKenzie
 Signature, typed or printed name of registered agent and title if applicable.

RANDY MCKENZIE PRESIDENT 2-5-02

(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 **D** ☒ Delete
 NAME **MCKENZIE, GEORGE**
 STREET ADDRESS **21274 33RD ROAD**
 CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE **D** ☒ Delete
 NAME **MCKENZIE, PEGGY**
 STREET ADDRESS **21274 33RD ROAD**
 CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☐ Change ☒ Addition
 NAME **RANDY MCKENZIE**
 STREET ADDRESS **21274 33RD ROAD**
 CITY-ST-ZIP **LAKE CITY, FL 32024**

TITLE **V/D** ☐ Change ☒ Addition
 NAME **BILL METZGAR**
 STREET ADDRESS **21675 W. SHOCKINAH PLACE**
 CITY-ST-ZIP **ORRLEN, FL 32071**

TITLE **S/T** ☐ Change ☒ Addition
 NAME **TINA MCKENZIE**
 STREET ADDRESS **21274 33RD ROAD**
 CITY-ST-ZIP **LAKE CITY, FL 32024**

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

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

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

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:

Randy McKenzie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDY MCKENZIE

2-5-02

386-364-8209 mob.

Date

Daytime Phone #

CR2E034 (9/01)