

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0583793 AV

DOCUMENT# P95000059684

1. Entity Name
JESADA MANUFACTURING, INC.



APPROVED
AND
FILED

03 SEP 10 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

Principal Place of Business
306 MEARS BLVD.
OLDSMAR FL 34677

Mailing Address
310 MEARS BLVD.
OLDSMAR FL 34677



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3372858

Applied For
Not Applicable

Zip Country

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUNNINGHAM, COLLEN J
310 MEARS BLVD.
OLDSMAR FL 34677

Name *Gerard W. DAVICH*
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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]* DATE 5-1-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVICH, GERARD W	
STREET ADDRESS	1803 BRIAR CREEK BLVD.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GATTI, HANK	
STREET ADDRESS	1803 BRIAR CREEK BLVD.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KRUEGER, RICHARD K	
STREET ADDRESS	1803 BRIAR CREEK BLVD.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

400022930964
09/10/03-01055-024 **550.00

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]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-03

Date Daytime Phone #

CR2E034 (10/02)