

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000088704**

1. Entity Name

JADIS HOLDING CORPORATION**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90041 001 ***150.00

Principal Place of Business

**1235 AIRPORT DRIVE
TALLAHASSEE FL 32304**

Mailing Address

**P.O. BOX 21122
TALLAHASSEE FL 32316**

2. Principal Place of Business

1932 MICCOSUKEE RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

Zip

32308

Country

USA

Zip

Country

4. FEI Number

59-3412293

Applied For

Not Applicable

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****ADDISON, JARVIS A
1662 N. MISSION RD.
TALLAHASSEE FL 32303**Name **JARVIS A. ADDISON**

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

1220 HIDDEN PLACECity **TALLAHASSEE****FL**

Zip Code

32304

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/019. 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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **DP** ☐ Delete
NAME **ADDISON, JARVIS A**
STREET ADDRESS **1235 AIRPORT DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32304**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1932 MICCOSUKEE RD**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**TITLE **DV** ☐ Delete
NAME **JOHNSON, RICHARD R**
STREET ADDRESS **1235 AIRPORT DR**
CITY-ST-ZIP **TALLAHASSEE FL 32304**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1932 MICCOSUKEE RD**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**TITLE **DV** ☐ Delete
NAME **HARRIS, LAWRENCE III**
STREET ADDRESS **1235 AIRPORT DR**
CITY-ST-ZIP **TALLAHASSEE FL 32304**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1932 MICCOSUKEE RD**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01
Date**850-671-1803**
Daytime Phone #

CR2E034 (10/00)