

# 2002 UNIFORM BUSINESS REPORT (UBR)

P97000088901

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DOCUMENT # P97000088901

1. Entity Name  
JO-ED EQUITIES, INC.

FILED

02 MAY -3 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
661 E. ALTAMONTE DR., STE. 318  
ALTAMONTE SPRINGS FL 32701

Mailing Address  
661 E. ALTAMONTE DR., STE. 318  
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

3. Mailing Address  
2190 TERRACE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
LONGWOOD, FL

4. FEI Number  
59-3476340

Applied For  
Not Applicable

Zip

Country

Zip  
32779

Country  
U.S.A.

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

DO NOT WRITE IN THIS SPACE

AL 5/3

## 6. Name and Address of Current Registered Agent

GUINDI, EDWARD L S  
2190 TERRACE BLVD  
LONGWOOD FL 32779

## 7. Name and Address of New Registered Agent

Name

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.

SIGNATURE

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

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GUINDI, EDWARD  
661 E. ALTAMONTE DR., STE. 318  
ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SWEET, JON  
661 E. ALTAMONTE DR., STE. 318  
ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
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CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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

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

4/30/02

Date

407-383-7800

Daytime Phone #

CR2E034 (9/01)