

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007840

1. Entity Name

JADD, INC.

POSTED

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90030 029 \*\*\*150.00

Principal Place of Business

102 PINELLAS BAYWAY  
TIERRA VERDE FL 33715

Mailing Address

6860 GULFPORT BLD  
STE #900  
ST PETERSBURG FL 33707-2108  
US

2. Principal Place of Business

6860 GULFPORT BLD # 900

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

S. PASADENA, FL

City & State

Zip

33707-2108

Country

USA

Country

4. FEI Number

59-3488195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIGHT, BRIAN  
6860 GULFPORT BLVD  
STE #900  
ST. PETERSBURG FL 33707-2108

Name NEVADA HOLDINGS INC - BRIAN LIGHT

Street Address (P.O. Box Number is Not Acceptable)  
6860 GULFPORT BLVD # 900

City S. PASADENA

FL

Zip Code 33707-2108

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 Brian Light (PRES) NEVADA HOLDINGS INC 4/21/00

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, 2000 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 ☐ Delete  
NAME P  
STREET ADDRESS CREMER, JURGEN  
CITY-ST-ZIP 6860 GULFPORT BLVD STE #900  
ST PETERSBURG FL 33707-2108

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS ELBERT, PETER  
CITY-ST-ZIP 6860 GULFPORT BLVD STE #900  
ST PETERSBURG FL 33707-2108

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS CREMER, ANITA  
CITY-ST-ZIP 6860 GULFPORT BLVD STE #900  
ST PETERSBURG FL 33707-2108

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS LIGHT, BROWN  
CITY-ST-ZIP 6860 GULFPORT BLVD STE #900  
ST PETERSBURG FL 33707-2108

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

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:

STANLEY H. SECRETARY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)