## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATU

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # P98000034896 Mar 02, 2000 8:00 am **Secretary of State** JADD GROUP, INC. 03-02-2000 90072 006 \*\*\*150.00 Principal Place of Business Mailing Address 100 ANCHOR DR., #508 100 ANCHOR DR., #508 KEY LARGO FL 33037 KEY LARGO FL 33037-5277 2. Pringipal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite. Apt. #, etc. Applied For 4. FEI Number 0/90 65-0827256 90 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SULLIVAN, JILL P Number is No Acceptable 41 HARBOR ISLAND DR. KEY LARGO FL 33037 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME GOLDSMITH, NADINE D STREET ADDRESS STREET ADDRESS 16 AVE. OF 2 RIVERS S. CITY-ST-7IP CITY-ST-ZIP RUMSON NJ 07760 ☐ Addition ☐ Delete TITLE SULLIVAN, JILL P NAME ivan STREET ADDRESS STREET ADDRESS 41 HARBOR ISLAND DR. CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.