2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State
02-05-2001 90042 005 ***150.00

914246

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000034896

1. Entity Name
JADD GROUP, INC.

Principal Place of Business	Mailing Address
24 DOCKSIDE LANE KEY LARGO FL 33037 US	24 DOCKSIDE LANE KEY LARGO FL 33037 US

2. Principal Place of Business	3. Mailing Address
31 Bayridge Road	24 Dockside Lane #508
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key Largo, FL	City & State: Key Largo, FL
Zip: 33037 Country: USA.	Zip: 33037 Country: U.S.A.

4. FEI Number 65-0827256 ☐ 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
SULLIVAN, JILL P 31 BAY RIDGE ROAD KEY LARGO FL 33037	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] 1/26/01
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDSMITH, NADINE D 16 AVE. OF 2 RIVERS S. RUMSON NJ 07760	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SULLIVAN, JILL P 31 BAY RIDGE ROAD KEY LARGO FL 33037	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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] 1/26/01 305-367-3121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #