

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90078 008 \*\*\*150.00

**DOCUMENT # P98000080618**

1. Entity Name  
**DADADEV INC.**

Principal Place of Business <b>1000 W THARPE ST-          UNIT 19          TALLAHASSEE FL 32303</b>	Mailing Address <b>236 MERIDIANNA DR          TALLAHASSEE FL-32312</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1000 W. THARPE ST. UNIT #19          Suite, Apt. #, etc.          TALLAHASSEE FL-32303</b>	3. Mailing Address <b>1000 W. THARPE ST. UNIT #19          Suite, Apt. #, etc.          TALLAHASSEE FL</b>
City & State <b>32303 LEON</b>	City & State <b>32303 LEON</b>
Zip <b>32303</b>	Country <b>LEON</b>

4. FEI Number <b>59-3533088</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**JAIN, SAROJKUMARI  
 236 MERIDIANNA DR.  
 TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (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	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>JAIN, SAROJKUMARI</b>	
STREET ADDRESS <b>236 MERIDIANNA DR.</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL 32312</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Saroj Jain **SAROJ JAIN** 1/17/01 (850)681-7062  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)