

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91011 024 ***150.00

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DOCUMENT # P99000047227

1. Entity Name
JADAR, INC.



Principal Place of Business
**6390 BONNIE COURT
ST. CLOUD FL 34771**

Mailing Address
**P.O. BOX 701164
ST. CLOUD FL 34770**



2. Principal Place of Business
4850 Oriole Dr.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
St. Cloud, FL.

City & State

4. FEI Number **59-3578966**

Applied For
Not Applicable

Zip **34771** Country **USA**

Zip Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PROCO, JEFFREY S
6390 BONNIE COURT
ST. CLOUD FL 34771**

7. Name and Address of New Registered Agent

Name
Jeffrey S. Proco
Street Address (P.O. Box Number is Not Acceptable)
4850 Oriole Dr.

City **St. Cloud** FL Zip Code **34771**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jeffrey S. Proco / President**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/27/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PROCO, JEFF 6390 BONNIE COURT SAINT CLOUD FL 34771 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CANNON, BUDDY S 6390 BONNIE COURT ST. CLOUD FL 34771 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T EDWARDS, IVAN 6390 BONNIE COURT ST. CLOUD FL 34771 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jeffrey S. Proco**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/27/03**

DAYTIME PHONE # **(407) 891-7019**

CR2E034 (10/02)