

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90127 044 \*\*\*150.00

**DOCUMENT # P99000088066**

**1. Entity Name**  
**JESDAV, INC.**



**Principal Place of Business**  
**200 N HWY 17-92**  
**LONGWOOD FL 32750**

**Mailing Address**  
**200 N HWY 17-92**  
**LONGWOOD FL 32750**

10021001



**2. Principal Place of Business**

**3. Mailing Address**

**215 PINEDA Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Unit 121**

City & State

City & State

**LONGWOOD**

**4. FEI Number**

**59-3601119**

Applied For

Not Applicable

Zip

Country

Zip

**FL**

Country

**32750**

**5. Certificate of Status Desired**

☒

**\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**COFFIELD, GLEN**  
**1743 CEDAR STONE ST**  
**LAKE MARY FL 32746**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD**  
**COFFIELD, GLEN E**  
**200 N HWY 17-92**  
**LONGWOOD FL 32750**

☐ Delete

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

**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:**

**Glen Coffield**  
**President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)