

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91702 019 ***150.00

DOCUMENT # S11880

1. Entity Name
JESADA TOOLS, INC.

Principal Place of Business

**310 MEARS BLVD.
 OLDSMAR FL 34677**

Mailing Address

**310 MEARS BLVD.
 OLDSMAR FL 34677**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3037514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**VENDITTO, CARLO M
 124 DEVON DRIVE
 CLEARWATER FL 34630**

7. Name and Address of New Registered Agent

Name **Colleen S. Cunningham**

Street Address (P.O. Box Number is Not Acceptable)

310 Mears Blvd

City **Oldsmar**

FL

Zip Code **34677**

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, 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, 2002 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 **CEO** ☒ Delete
 NAME **VENDITTO, CARLO M.**
 STREET ADDRESS **124 DEVON DR**
 CITY-ST-ZIP **CLEARWATER FL 34630**

TITLE **PO** ☐ Delete
 NAME **Davich, Gerard W**
 STREET ADDRESS **1803 Briar Creek Blvd**
 CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE **PO** ☐ Delete
 NAME **Galt, Hank**
 STREET ADDRESS **1803 Briar Creek Blvd**
 CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE **TD** ☐ Delete
 NAME **Krueger, Richard K**
 STREET ADDRESS **1803 Briar Creek Blvd**
 CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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NAME
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 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

(813) 891-6160

Daytime Phone #

CR2E034 (9/01)