

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0583566 AV

DOCUMENT # S11880

1. Entity Name  
JESADA TOOLS, INC.



03 SEP 29 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
310 MEARS BLVD.  
OLDSMAR FL 34677

Mailing Address  
310 MEARS BLVD.  
OLDSMAR FL 34677

*[Handwritten signature]*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
306 Mears Blvd  
Zip  
34677  
Country  
Pinellas

City & State  
306 Mears Blvd  
Zip  
34677  
Country  
Pinellas

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

7. Name and Address of New Registered Agent

CUNNINGHAM, COLLEN  
310 MEARS BLVD  
OLDSMAR FL 34677

Name  
Gerard Davich  
Street Address (P.O. Box Number is Not Acceptable)  
306 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Handwritten Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-20-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PP  
DAVICH, GERARD W  
1803 BRAIR CREEK BLVD  
SAFETY HARBOR FL 34695 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600022930946  
09/10/03-01055-023 \*\*550.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
HANK, GATTI  
1803 BRAIR CREEK BLVD  
SAFETY HARBOR FL 34695 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
KRUEGAR, RICHARD K  
1803 BRIAR CREEK BLVD  
SAFETY HARBOR FL 34695 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-20-03 813-99-6160 X23

CR2E034 (10/02)