

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S33678

1. Entity Name

HADDAD & ASSOCIATES, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90092 050 ***150.00

Principal Place of Business

HADDAD & ASSC
400 JULIA ST
TITUSVILLE FL 32796
US

Mailing Address

P.O. BOX 96
157
TITUSVILLE FL 32781-0096
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3053763

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HADDAD, MICHAEL
4304 LONDONTOWN RD
TITUSVILLE FL 32796

Name Johanna Aiken

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

2425 KEISER CT.

City Titusville

FL

Zip Code

32780

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, 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D - ~~SECRETARY~~ ☐ Delete
NAME HADDAD, MICHAEL
STREET ADDRESS 4304 LONDONTOWN RD
CITY-ST-ZIP TITUSVILLE FL 32996

TITLE ☒ Change ☐ Addition
NAME JOHANNA AIKEN
STREET ADDRESS 2425 KEISER CT
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME BROKER - Pres / Treasurer
STREET ADDRESS JOHANNA AIKEN
CITY-ST-ZIP 2425 KEISER CT
TITUSVILLE FL 32780

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME BROKER - VICE PRESIDENT
STREET ADDRESS GRACE COOPER
CITY-ST-ZIP 1295 GOLFVIEW DR.
TITUSVILLE FL 32780

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

803051



DO NOT WRITE IN THIS SPACE

1-13-2000

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407-383-8991