

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90101 010 ***150.00

DOCUMENT # G58742

1. Entity Name
JORDAN BUILDERS, INC. AND MTG.



Principal Place of Business
**6273 WHISPERING OAKS DR N
JACKSONVILLE FL 32277
US**

Mailing Address
**PO BOX 357318
JACKSONVILLE FL 32235-1318
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2321250**

Applied For
Not Applicable

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

**NOYES, CYNTHIA A.
6273 WHISPERING OAKS DR N
JACKSONVILLE FL 32277**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/07/03

**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 **P** ☐ Delete
NAME **NOYES, CYNTHIA A**
STREET ADDRESS **13648 MT PLEASANT RD**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **(President)** ☒ Change ☐ Addition
NAME **Cynthia A. Noyes**
STREET ADDRESS **6273 Whispering Oaks Dr. N.**
CITY-ST-ZIP **Jax. Fl 32277**

TITLE **VS, VP** ☐ Delete
NAME **JORDAN, ALAN E.**
STREET ADDRESS **1233 SHALLOWFORD LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **(VP VS)** ☒ Change ☐ Addition
NAME **Alan Jordan**
STREET ADDRESS **12695 Ft. Caroline Rd.**
CITY-ST-ZIP **Jax. Fl 32225**

TITLE **~~VS~~** ☒ Delete
NAME **NOYES, CYNTHIA A.**
STREET ADDRESS **14150 TOMAS POINT LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **~~VS~~** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **JORDAN, MERLE E**
STREET ADDRESS **2226 IVYLGAIL DR W**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **(Merle Jordan)** ☒ Change ☐ Addition
NAME **Merle Jordan**
STREET ADDRESS **6273 Whispering Oaks Dr. N.**
CITY-ST-ZIP **Jax. Fl 32277**

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

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:

Cynthia A. Noyes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/03 (904) 962-2713

CR2E034 (10/02)