## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 08, 2000 8:00 am Secretary of State **DOCUMENT # M95331** JOR-DAN CUSTOM CLOSETS, INC. 05-08-2000 90040 013 \*\*\*150.00 Principal Place of Business Mailing Address 13205 US HWY 1 13205 US HWY 1 JUNO BEACH FL 33408 JUNO BEACH FL 33408-2202 US 2. Principal Place of Business 3. Mailing Address 13205 US ighway one Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 602 602 City & State Applied For 4. FEI Number City & State 65-0057439 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired USA Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FREEDLAND, DANIEL Street Address (P.O. Box Number is Not Acceptable) 205 U.S. HIGHWAY 1 **STE 111** JUNO BEACH FL 33408 Zip Code 33408 FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS

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| NAME           | FREEDLAND, DANIEL                     |            | NAME           |        | _               |                       | _            |        |             |
| STREET ADDRESS | 205 U.S. HIGHWAY 1                    |            | STREET ADDRESS | 13205  | 25-High         | vay one               | Suite 1      | 602    |             |
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| NAME           | BESKIN, MARC                          |            | NAME           |        |                 |                       |              |        | Ì           |
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| CITY-ST-ZIP    |                                       |            | UIT-31-21F     |        | <u>-</u>        |                       |              |        |             |
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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

4/24/00

561-694-8611

Daytime Phone #