2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # M95331 1. Entity Name JOR-DAN CUSTOM CLOSETS, INC. | | | | | | | Secretary of State 04-16-2002 90157 047 ***150.00 | | | |
|---|----------------|--|--|------|----------------------------|---|---|---|------------------------|------------|
| Principal Plac 13205 US HM STE 602 JUNO BEACH US | YY ONE | S . | Mailing Address 13205 US HWY ONE STE 602 JUNO BEACH FL 33408 US | | | | | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | | | | - 1 LODATORIA (NO 1910) BILOS INLOS INLOS ANEX ANEX OTORA OTORA OTORA BILOS OTORA OTORA OTORA OTORA OTORA OTORA | | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | | City & State | | | | 4. FEI Number 65-0057439 Applied For Not Applicable | | | |
| Zip | | Country | Zip Cou | | | 5. Certificate of Status Desired | | | \$8.75 Ad | ditional |
| | 6. Name | and Address of Curren | t Registered Agent | _l | | | 7. Name and | Address of New Regis | | |
| FREEDLAND, DANIEL 13205 US HWY ONE STE 602 JUNO BEACH FL 33408 | | | | | Street A | SUSAN FREEDLAND Address (P.O. Box Number is Not Acceptable) — SAME — | | | | |
| JUNU BE | AUM FL 33 | 108 | | | City | | <u>-</u> | | FL Zip Cod | e |
| 8. The above | Su | submits this statement for submits this statement for submits the submits of submits the s | for the purpose of changing its Last and title if applicable. (NO | | | | d agent, or both | ı, in the State of Florida | 4/1/02 DATE | |
| Tax filing r (See criter | - | ble to satisfy its Intangibland elects to do so. | After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | | | | Trus | ction Campalgn Financi at Fund Contribution. | ☐ Added | May Be |
| 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | 13205 US | OFFICERS AND ID, DANIEL HWY ONE I FL 33408 | D DIRECTORS | | | Del | ADDITIONS/C ELLA | CHANGES TO OFFICE | RS AND DIRECTOR Change | S IN 11 |
| TITLE Name Street address City-St-Zip | | IARC HWY ONE I FL 33408 | ☐ Delete | | | | me | | Change | ☐ Addition |
| TITLE NAME Street Adoress City-St-Zip | | | ☐ Delete | | | V. PR. SUS: 1320 JUK | ES. AN FRE S.U.S. O BLOCK | EBLAND Huryone # h, 7L 3340 | □ Change - 602 8 | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | , Delete | | | - | | | ☐ Change | ☐ Addition |
| TITLE NAME Street Address City-St-Zip | | | □ Delete | | | | | W-11411 | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | mark, Alexandr | | Delete | CITY | E Et adoress -st-zip | | | | Change | Addition |

increpsy 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

4/1/02-

561-694-8611

Daytime Phone #