

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90008 043 \*\*\*150.00

**DOCUMENT # P00000012877**

**1. Entity Name**  
**EMBASSY REAL ESTATE, INC.**

**Principal Place of Business**

**229 HANGING MOSS DRIVE**  
**OVIEDO FL 32765**

**Mailing Address**

**POST OFFICE BOX 622903**  
**OVIEDO FL 32762-2903**  
**3**

**2. Principal Place of Business**

**223 STRATFORD DR.**

Suite, Apt. #, etc.

**3. Mailing Address**

**Post Office Box 622903**

Suite, Apt. #, etc.

**City & State**

**WINTER SPRINGS, FL**

**City & State**

**OVIEDO, FLORIDA**

**Zip**

**Country**

**32708**

**SEMINOLE**

**Zip**

**Country**

**32762**

**SEMINOLE**

**4. FEI Number**

**59-3621747**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

**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.**

**SIGNATURE**

*Janette Jordan*  
*Janette Jordan, President*

(NOTE: Registered Agent signature required when reinstating)

**1/6/02**  
**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, 2002 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**

<b>TITLE</b>	<b>P</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>JORDAN, JANETTE</b>	
<b>STREET ADDRESS</b>	<b>229 HANGING MOSS DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>OVIEDO FL 32765</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
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<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>JORDAN, JANETTE</b>	
<b>STREET ADDRESS</b>	<b>223 STRATFORD DR.</b>	
<b>CITY-ST-ZIP</b>	<b>WINTER SPRINGS, FL 32708</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

*Janette Jordan*  
**Janette Jordan**  
**1/6/02**  
**4073656767**  
**DATE** **Daytime Phone #**

CR2E034 (9/01)