

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

5/1

05-01-2003 90226 010 ***150.00

DOCUMENT # 484756



1. Entity Name
GEORGE W. JORDAN & SON, INC.

Principal Place of Business
2820 NW 106 AVE.
CORAL SPRINGS FL 33065

Mailing Address
2820 NW 106 AVE.
CORAL SPRINGS FL 33065

44002628



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1620697**

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

JORDAN, VIRGINIA
2820 NORTHWEST 106TH AVENUE
CORAL SPRINGS FL 33065

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

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	PTS	<input type="checkbox"/> Delete
NAME	JORDAN, VIRGINIA	
STREET ADDRESS	2820 NW 106TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JORDAN, GREGORY	
STREET ADDRESS	6110 NW 66TH WAY	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: **SIGNATURE REQUIRED**

Virginia M. Jordan

5-19-03 954-755-5093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #