

2000 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Aug 11, 2000 8:00 am
Secretary of State

07-19-2000 90152 009 ***150.00
 08-11-2000 90091 020 ***400.00

DOCUMENT # K22641

1. Entity Name

JORDAN MANUFACTURING, INC.

Principal Place of Business

Mailing Address

~~601 N.E. DIXIE HWY., #8~~
~~JENSEN BEACH FL 34957~~

~~601 N.E. DIXIE HWY., #8~~
~~JENSEN BEACH FL 34957-6178~~

4420 S.E. SWEETWOOD WAY
STUART, FL. 34997

SAME

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 **65-0060278**

Applied For
 Not Applicable

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

WARD, WILLIAM R.
891 N.E. DIXIE HIGHWAY, #8
JENSEN BEACH FL 34957

Name

Street Address (P.O. Box Number is Not Acceptable)

4420 S.E. SWEETWOOD WAY

City

STUART

FL

Zip Code

34997

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | JOAN K WARD | |
| STREET ADDRESS | 891 N.E. DIXIE HWY., #8 | |
| CITY-ST-ZIP | JENSEN BEACH FL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | WARD, WILLIAM R | |
| STREET ADDRESS | 891 N.E. DIXIE HWY. | |
| CITY-ST-ZIP | JENSEN BCH FL 34957 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | WARD, PAMELA S | |
| STREET ADDRESS | 7058 SE YELLOWOOD | |
| CITY-ST-ZIP | STUART FL 34997 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 4420 S.E. SWEETWOOD WAY | |
| CITY-ST-ZIP | STUART, FL. 34997 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 4420 S.E. SWEETWOOD WAY | |
| CITY-ST-ZIP | STUART, FL. 34997 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

William R. Ward
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00
 Date

561-334-7406
 Daytime Phone #

2000 UBR 1000