

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

04-16-2001 90277 050 ***150.00

DOCUMENT # P00000016770

1. Entity Name

JORDAN REECE ENTERPRISES INC.

Principal Place of Business

4532 COMMANDER DR., SUITE 2125
 ORLANDO FL 32822

Mailing Address

4532 COMMANDER DR., SUITE 2125
 ORLANDO FL 32822

2. Principal Place of Business

5701 GATLIN AVENUE

Suite, Apt. #, etc.

122

3. Mailing Address

5701 GATLIN AVENUE

Suite, Apt. #, etc.

122

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3629513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, DEBORAH A.
225 WAYMONT CT., SUITE 101
LAKE MARY FL 32748

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

Signature, typed or printed name of registered agent and title is 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, 2001 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

TITLE ***Vice President** ☐ Delete
 NAME **VALERIE JORDAN REECE**
 STREET ADDRESS **5701 GATLIN AVENUE, #122**
 CITY-ST-ZIP **ORLANDO, FLORIDA 32822-3874**

TITLE ***President** ☐ Delete
 NAME **PETER A. REECE**
 STREET ADDRESS **5701 GATLIN AVENUE, #122**
 CITY-ST-ZIP **ORLANDO, FLORIDA 32822-3874**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (10/00)