

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91340 007 ***150.00

DOCUMENT # **P 0000002706Z** ✓

1. Entity Name

JORSON INC

D/B/A JORSON Insurance Agency.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 W Oakland Pl

Suite, Apt. #, etc.

Ste B

City & State

Wilton Manors FL

Zip

33311

Country

Broward

3. Mailing Address

1000 W Oakland Pl

Suite, Apt. #, etc.

Ste B

City & State

Wilton Manors FL

Zip

33311

Country

Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0994124

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Janice Jordan-Johnson

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

3316 NW 32nd Street

City

Lauderdale Lakes FL

Zip Code

33309

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.

Registered Office - 1000 W. Oakland Park Blvd Ste B Wilton Manors FL

SIGNATURE

Janice Jordan-Johnson

(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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
JANICE JORDAN-JOHNSON
3316 NW 32nd Street
Lauderdale Lakes FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/10/02 Daytime Phone #

CR2E034B (12/01)