

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91778 023 ***150.00

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DOCUMENT # P00000027062

1. Entity Name
JORSON, INC.



Principal Place of Business
**1000 W OAKLAND PK STE. B
WILTON MANORS FL 33311**

Mailing Address
**1000 W OAKLAND PK STE. B
WILTON MANORS FL 33311**

11041164



2. Principal Place of Business

2164 W. Oakland Pl Bld

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
A. Lauderdale FL

City & State

4. FEI Number **65-0994124**

Applied For
Not Applicable

Zip **33311** Country **U.S.A**

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-JOHNSON, JANICE
3316 NW 32ND ST.
LAUDERDALE LAKES FL 33309**

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

Janice Johnson

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

(NOTE: Registered Agent signature required when reinstating)

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 **P** ☐ Delete
NAME **JORDAN-JOHNSON, JANICE**
STREET ADDRESS **3316 NW 32ND ST.**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE **V** ☐ Change ☒ Addition
NAME **CLIFFORD JORDAN**
STREET ADDRESS **3316 NW 32nd Street**
CITY-ST-ZIP **Lauderdale Lakes FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

Janice Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 537-1007

CR2E034 (10/02)