## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 15, 2001 8:00 am Secretary of State DOCUMENT # P0000039369 05-15-2001 90063 021 \*\*\*150.00 JOURDAN APPRAISAL SERVICES, P.A. Principal Place of Business Mailing Address 1209 EDGEWATER DRIVE 1209 EDGEWATER-DRIVE V 0 0 4 0 U SUITE 200, SUITE 2004 ORLANDO FL 32804 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address 407 WEKIUA SPRINGS ROAD 407 WEKIVA SPRINGS ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE SUITE 4. FEI Number Applied For City & State LONG WOOD, FL 59-364314 LONGWOOD Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired USA 32779 32779 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KEIDAISH, PHILIP F JR Street Address (P.O. Box Number is Not Acceptable) 505 WEKIVA SPRINGS RD., STE 800 LONGWOOD FL 32779 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE TITLE Delete NAME JOURDAN, HERBERT L JR. NAME STREET ADDRESS STREET ADDRESS 1209 EDGEWATER DRIVE SUITE 200 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE \_ 🔲 . Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP