2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90063 021 ***150.00

DOCUMENT # P00000039369

1. Entity Name
JOURDAN APPRAISAL SERVICES, P.A.

Principal Place of Business	Mailing Address
1209 EDGEWATER DRIVE SUITE 200 ORLANDO FL 32804	1209 EDGEWATER DRIVE SUITE 200 ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
407 WEKIVA SPRINGS ROAD		407 WEKIVA SPRINGS ROAD	
Suite, Apt. #, etc.: SUITE 361		Suite, Apt. #, etc.: SUITE 361	
City & State: LONGWOOD, FL		City & State: LONGWOOD, FL	
Zip: 32779	Country: USA	Zip: 32779	Country: USA

4. FEI Number: 59-3643143 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KEIDAISH, PHILIP F JR
505 WEKIVA SPRINGS RD., STE 800
LONGWOOD FL 32779

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOURDAN, HERBERT L JR. 1209 EDGEWATER DRIVE SUITE 200 ORLANDO FL 32804 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Herbert L Jourdan Jr 4/26/01 407 474 1293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #