

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90101 011 ***150.00

DOCUMENT # P25986

1. Entity Name
CONDON JEWELERS, INC.



Principal Place of Business
**3348 N.W. FEDERAL HWY.
JENSON BEACH FL 34957-4404**

Mailing Address
**3348 N.W. FEDERAL HWY.
JENSON BEACH FL 34957-4404**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1390 NW Fed. Hwy
Suite, Apt. #, etc.

3. Mailing Address
1390 NW Federal Hwy
Suite, Apt. #, etc.

City & State
Stuart, FL

City & State
Stuart, FL

4. FEI Number **39-1079011**

Applied For

Not Applicable

Zip
34994

Country
Martin

Zip
34994

Country
Martin

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

**CONDON, TODD
3348 N.W. FEDERAL HWY.
JENSEN BEACH FL 34957-4404**

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 filing with, and accept the obligations of registered agent.

SIGNATURE

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 ☐ **\$5.00** May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
CONDON, GERALD F
4624 S.E. WILLIAMS WAY
STUART FL 34994** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CONDON, TODD J
256 S.W. CRESCENT AVENUE
PORT ST. LUCIE FL 34984** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CONDON, LYNN
4624 S.E. WILLIAMS WAY
STUART FL 34994** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03

Date

Daytime Phone #

CR2E034 (10/02)