## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## P93000067706 DOCUMENT #

1. Entity Name JADE EAST TOWERS II, INC.



## **FILED** Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90181 045 \*\*\*150.00

			GO WE THE				
Principal Place 727 HIGHWAY DESTIN FL 32		Mailing Address 727 HIGHWAY 98 EAST DESTIN FL 32541				1841 <b>8</b> 8471 48 <b>8</b> 4	
2. Principal F	Place of Business	3. Mailing Address					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-3209201	Applied For Not Applicable		
Zip	Country	Zip	Country		8.75 Add		
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered A	gent _		
			Name			-	
BURKE, LES W			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
221 MCKENZIE AVENUE			55577.104.1555	( ) is a second of the second			
Panama	CITY FL 32401						
			City	FL	Zip Code	9	
	named entity submits this statement for lions of registered agent.	the purpose of changing its re	gistered office or registe	ered agent, or both, in the State of Florida. I am fa	amiliar with,	and accept	
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SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re	egistered Agent signature require	ed when reinstating) DATE	ž.		
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.	\$5.0	May Be I to Fees	
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11	
TITLE	D	☐ Delete	TITLE		☐ Change	Addition	
NAME	CHAIN, JOHN T		NAME .				
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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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP