

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90812 001 ***450.00

0666021 AV

DOCUMENT # P94000006837

1. Entity Name
JOSDAN, INC.

Principal Place of Business
**1021 SW PINE TREE LANE
 PALM CITY FL 34990**

Mailing Address
**1021 SW PINE TREE LANE
 PALM CITY FL 34990**

2. Principal Place of Business
4360 NE OCEAN BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jensen Beach

City & State

4. FEI Number
65-0463425

Applied For
 Not Applicable

Zip
34957 Country
ST Lucia

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

**STEPPLING, KIM
 1021 SW PINE TREE LANE
 PALM CITY FL 34990**

Name
Michael Stepling
 Street Address (P.O. Box Number is Not Acceptable)
1021 SW Pinetree Lane
 City
Palm City FL Zip Code
34990

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 **3-7-02**
 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, 2002 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
P ☐ Delete
 NAME
STEPPLING, MICHAEL B
 STREET ADDRESS
1021 SW PINETREE LANE
 CITY-ST-ZIP
PALM CITY FL 34990

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

TITLE
VP ☒ Delete
 NAME
STEPPLING, KIM
 STREET ADDRESS
1021 SW PINETREE LANE
 CITY-ST-ZIP
PALM CITY FL 34990

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

TITLE
☐ Delete
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☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-02

561-223-8702

CR2E034 (9/01)