

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90074 047 \*\*\*150.00

**DOCUMENT # P96000015235**

**1. Entity Name**  
**BETTY J. JORDAN, INC.**



**Principal Place of Business**

**4611 US HWY 17**

**#3**

**ORANGE PARK FL 32003**

**Mailing Address**

**4611 US HWY 17**

**#3**

**ORANGE PARK FL 32003**

**2. Principal Place of Business**

**4611 U.S. Hwy 17**

**Suite, Apt. #, etc.**

**#3**

**3. Mailing Address**

**4611 U.S. Hwy 17**

**Suite, Apt. #, etc.**

**#3**

**City & State**

**Orange Park, FL**

**City & State**

**Orange Park, FL**

**Zip**

**32003**

**Country**

**Clay**

**Zip**

**32003**

**Country**

**Clay**



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

**59-3380594**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JORDAN, BETTY J**

**9610 PRITMORE RD E**

**JACKSONVILLE FL 32257**

**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. I am familiar 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  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** PD ☐ Delete  
**NAME** JORDAN, BETTY J  
**STREET ADDRESS** 9610 PRITMORE RD E  
**CITY-ST-ZIP** JACKSONVILLE FL 32257

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*Betty J. Jordan* Betty J. Jordan

**1/8/03**

**(904) 264-6203**

**Date**

**Daytime Phone #**

CR2E034 (10/02)