

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90053 034 ***150.00

DOCUMENT # <i>P9700054863</i>	
1. Entity Name	
LJordan Realty, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 429 Timberlane E Ofc		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lakeland, FL		City & State	
Zip 33801	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3456867		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11.	
TITLE	VST	TITLE		DO NOT WRITE IN THIS SPACE	
NAME	Dan Fling	NAME			
STREET ADDRESS	429 E. Timberlane	STREET ADDRESS			
CITY-ST-ZIP	Lakeland, FL 33801	CITY-ST-ZIP			
TITLE	P	TITLE			
NAME	Lyle Fling	NAME			
STREET ADDRESS	429 E. Timberlane	STREET ADDRESS			
CITY-ST-ZIP	Lakeland, FL 33801	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Dan Fling* **PAW FLING** **7-9-05** **863 668 8835**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #