

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015317

1. Entity Name

JORDAN ASSOCIATES, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90159 018 ***150.00

Principal Place of Business

150 E PALMETTO PARK RD. SUITE 514
BOCA RATON FL 33432

Mailing Address

150 E PALMETTO PARK RD. SUITE 514
BOCA RATON FL 33432-4834

2. Principal Place of Business

110 SE 4th Avenue

3. Mailing Address

110 SE 4th Avenue

Suite, Apt. #, etc.

#104

Suite, Apt. #, etc.

#104

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33483

Country

Palm Beach

Zip

33483

Country

Palm Beach

4. FEI Number

65-0816757

Applied For

Not Applicable

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

JORDAN, DIANNE

150 E PALMETTO PARK RD, SUITE 514
BOCA RATON FL 33432

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	JORDAN, DIANNE	
STREET ADDRESS	150 E PALMETTO PARK RD, SUITE 514	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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 #

561-230-3199

4/19/00