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

FILED May 27, 2002 8:00 am

DOCUMENT # P98000025976 1. Entity Name DAX JORDAN + ASSOCIATES INC.						90432 032 ***150.00
DO NOT WRITE IN THIS SPACE						
2. Principal Place of B 3 7 30 5 Suite, Apt. #, etc.	30 Sutor Ct. 3730 Sutor Ct.				DO NOT WRITE IN 1	THIS SPACE
City & State Tallahasse Zip 3 2 3 1 1	City & State Callahassee, Florida Country Country V. S.A. City & State Tallahassee, Florida Country V. S.A. Zip Country V. S.A.			-	4. FEI Number 5 9 − 3 5 0 2 8 9 7 5. Certificate of Status Desired □	\$0.75
	7. Name and Address of Current Registered Agent Name DAX A. JORDAN Street Address (P.O. Box Number is Not Acceptable) 3 7 30 Sutor Ct. City Tallahassee FL Zip Code 3 2 3 2 1					
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 renstating) DATE						
9. This corporation is a Tax filing requirement (See criteria on back)	y 1 Fee is \$150 , Fee is \$550.00 UBR is \$61.25 e to Department		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	OFFICERS AND D	RECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Dax 373 Tal	rident Sordan 30 Sutor Court lahassee FL. 3	7 7 7 7 7 7 7 7 7 7 7
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TITLE NAME STREET ADDRESS CITY-ST-UP'		·• = \	TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WI	RITE
NAME STREET ADDRESS CITY-ST-ZIP			title Name Street address City-St-Zip		IN THIS SPA	ACE
TITLE NAME STREET ADDRESS (CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. Thereby 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 on an attachment with an address, with all other like empowered. SIGNATURE: Day A. Sordon 04/30/02 (85) 402-1023						
SIGNATURE:		TED NAME OF SIGNING OFFICER OR		//	07/30/02 (8	350)402-1023 Daytime Phone #