

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015452

1. Entity Name

JOHN GORDON SALES, INC.

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90126 021 ***150.00

Principal Place of Business

6915 W BEAVER STREET
JACKSONVILLE FL 32254

Mailing Address

6915 W BEAVER STREET
JACKSONVILLE FL 32254-2711

2. Principal Place of Business

3828 Sweetbriar

3. Mailing Address

3828 Sweetbriar

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange Park, FL

City & State

Orange Park, FL

4. FEI Number

59-3560954

Applied For

Not Applicable

Zip

Country

32073

Clay

Zip

32073

Country

Clay

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

GORDON, JOHN
3254 N LANE AVE
JACKSONVILLE FL 32254

Name

Street Address (P.O. Box Number is Not Acceptable)

3828 Sweetbriar

City
Orange Park

FL

Zip Code
32073

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
GORDON, JOHN
3254 N LANE AVE
JACKSONVILLE FL 32254

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

3828 Sweetbriar
Orange Park, FL 32073

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 #

CR2E034 (9/99)