

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045789

1. Entity Name

JORDAN COMMUNICATIONS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90206 003 ***150.00

Principal Place of Business

8813 PINE BAY CT
ORLANDO FL 32825

Mailing Address

8813 PINE BAY CT
ORLANDO FL 32825-3712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3586422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MCGOLDRICK, RAYMOND T
8606 PEPPERCORN DR
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name

BONNIE S. BROWN

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

1009 Autumn Leaf Dr.

City

WINTER GARDEN

FL

Zip Code
34787-2111

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

Bonnie S. Brown

BONNIE S. BROWN

3/22/00

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

(NOTE: Registered Agent's name is required upon 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROWN, CARL V
8813 PINE BAY CT
ORLANDO FL 32825 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROWN, ROCHELLE M
8813 PINE BAY CT
ORLANDO FL 32825 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ 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:

CARL BROWN

CARL BROWN

4/26/00 (407) 877-3861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)