

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90030 025 ***150.00

DOCUMENT # **P99000046613**

1. Entity Name
LORDON INVESTMENTS, INC.

Principal Place of Business **Mailing Address**

800 SE 3 AVE STE 301 **800 SE 3 AVE STE 301**
FT LAUDERDALE FL 33316 **FT LAUDERDALE FL 33316**

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 **65-0919002** **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**

ETHEL G. PETRY **Name**
800 SE 3 AVE STE 301 **Street Address (P.O. Box Number is Not Acceptable)**
FT LAUDERDALE FL 33316 **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**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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	P. Tel. G. Petry ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Ethel G. Petry	NAME	
STREET ADDRESS	1500 N. Ocean Blvd. #1004	STREET ADDRESS	
CITY-STATE-ZIP	Dunbar Beach, Florida 33062	CITY-STATE-ZIP	
TITLE	V.S. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Donald R. Siegel	NAME	
STREET ADDRESS	800 SE 3rd Ave, Suite 301	STREET ADDRESS	
CITY-STATE-ZIP	Port Lauderdale, Florida 33366	CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

13. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a duly authorized officer or director of the corporation.

SIGNATURE: *Donald R. Siegel* **Donald R. Siegel** *4/17/00* **454-763-2100**