

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90259 013 ***158.75

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DOCUMENT # S65597

1. Entity Name
E. GORDON AND ASSOCIATES, INC.



Principal Place of Business
**2901 N.W. 19TH STREET
FT. LAUD FL 33311**

Mailing Address
**2901 N.W. 19TH STREET
FT. LAUD FL 33311**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0272589**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GORDON, JAMES A.
2901 N.W. 19TH STREET
FT. LAUD FL 33311**

Name **Raymond D. Gordon**
Street Address (P.O. Box Number is Not Acceptable)
2901 NW 19th Street
City **FT. Lauderdale** FL Zip Code **33311**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *Raymond D. Gordon*
Signature, typed or printed name of registered agent or title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-25-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	GORDON, ELISHA, III	
STREET ADDRESS	1808 NW 25TH	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	TM	<input type="checkbox"/> Delete
NAME	GORDON, JAMES A.	
STREET ADDRESS	1808 NW 25TH	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCOTT, DIANE	
STREET ADDRESS	1808 NW 25TH	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Gordon, Raymond D.	
STREET ADDRESS	1808 NW 25th Terr	
CITY-ST-ZIP	Fort Lauderdale, FL. 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Raymond D. Gordon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-03 **854-714-9292**
Date Daytime Phone #

CR2E034 (10/02)