

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91379 014 ***150.00

DOCUMENT # S77399

1. Entity Name
JORDAN EQUIPMENT SUPPLY CORPORATION



Principal Place of Business
**15424 FLIGHT PATH DRIVE
BROOKSVILLE FL 34609
US**

Mailing Address
**15424 FLIGHT PATH DRIVE
BROOKSVILLE FL 34609
US**

2. Principal Place of Business

15270 Flight Path Dr.

3. Mailing Address

15270 Flight Path Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Brooksville, FL

City & State
Brooksville FLORIDA

Zip
34604

Country
USA

Zip
34604

Country
USA

4. FEI Number **34-1671945**

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

**JORDAN, SHIRLEY L
15424 FLIGHT PATH DRIVE
BROOKSVILLE FL 34601**

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **P** ☐ Delete
NAME **JORDAN, SHIRLEY L.**
STREET ADDRESS **10470 VENTURA DR.**
CITY-ST-ZIP **SPRING HILL FL**

TITLE **P** ☒ Change ☐ Addition
NAME **JORDAN, SHIRLEY L.**
STREET ADDRESS **3306 FLAMINGO BLVD.**
CITY-ST-ZIP **HERNANDO BEACH, FL 34607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 352-754-1117
Date Daytime Phone #

CR2E034 (10/02)