

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90115 027 \*\*\*150.00

**DOCUMENT # 134829**

1. Entity Name  
**ORLANDO ATLANTIC BEACH COMPANY**



Principal Place of Business  
**114 HARRISON STREET  
P O BOX 250  
COCOA FL 32923-7250**

Mailing Address  
**114 HARRISON STREET  
P O BOX 250  
COCOA FL 32923-7250**



2. Principal Place of Business  
**115 Harrison Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**115 Harrison Street**  
Suite, Apt. #, etc.

City & State  
**Cocoa, Florida**

City & State  
**Cocoa, Florida**

4. FEI Number **59-6076191**

Applied For  
Not Applicable

Zip  
**32922**

Country  
**Brevard**

Zip  
**32922**

Country  
**Brevard**

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

**SHEPARD, WALTER C JR  
114 HARRISON STREET  
COCOA FL 32922**

Name  
**Walter C. Shepard**

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

**115 Harrison Street**

City **Cocoa**

**FL**

Zip Code  
**32922**

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 *Walter C. Shepard*

**Walter C. Shepard, President**

**March 3, 2003**

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  
NAME **D** ☒ Delete  
STREET ADDRESS **CROWE, ZORA M**  
CITY-ST-ZIP **114 HARRISON STREET  
COCOA FL**

TITLE  
NAME **P/V/S/T/D** ☒ Change ☐ Addition  
STREET ADDRESS **Walter C. Shepard**  
CITY-ST-ZIP **115 Harrison Street  
Cocoa, Florida 32922**

TITLE  
NAME **PD** ☒ Delete  
STREET ADDRESS **SHEPARD, WALTER C., JR.**  
CITY-ST-ZIP **114 HARRISON STREET  
COCOA FL**

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

TITLE  
NAME **STD** ☒ Delete  
STREET ADDRESS **KELLAGHER, DEBORAH F**  
CITY-ST-ZIP **114 HARRISON STREET  
COCOA FL**

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 an other like empowered.

SIGNATURE: *Walter C. Shepard* **Walter C. Shepard, President March 3, 2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 (321) 636-7700

Daytime Phone #

CR2E034 (10/02)