

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
 05-11-2000 90322 010 ***150.00

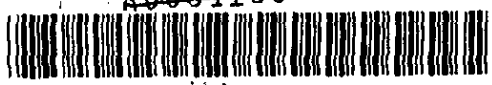
DOCUMENT # 359143

1. Entity Name
THE ORANGE SHOP, INC.

Principal Place of Business U.S. HWY 301 N. FL 32113	Mailing Address P.O. BOX 125 CITRA FL 32113-0125
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

~~40037100~~



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1285008	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOSLEY, ROBBIE G. 17828 NE 18TH AVE. CITRA FL 32113	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Robbie G. Mosley* **ROBBIE G. MOSLEY SEC/TRES** DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERRY, CHARLES W HIGHWAY 301 CITRA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Perry, Charles W Hwy 301 Citra FL 32113 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMASTERS, SHELBY D 5 RIDGE TR ORMOND BCH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMASTERS, W STEVEN 23 NORTHFIELD GATE PITTSFORD NY ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Lemasters, W Steven 117 Manitoba Ln Mooresville NC 28115 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMASTERS, JOHN N., III 21322 HARROW CT. BOCA RATON FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lemasters, John N., III 116 Hidden Oak Dr Vero Beach FL 32963 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, VIVIAN E HWY 301 CITRA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEMASTERS, JOHN N 5 RIDGE TR ORMOND BCH FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treas Mosley, Robbie G. 17828 NE 18th Ave Citra FL 32113 ☐ 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: *Robbie G. Mosley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/99)