

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90081 034 ***150.00

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DOCUMENT # F62240

1. Entity Name

PENSION INVESTORS CORPORATION OF ORLANDO INCORPORATED

Principal Place of Business

1101 N. LAKE DESTINY ROAD. #200
 MAITLAND FL 32751

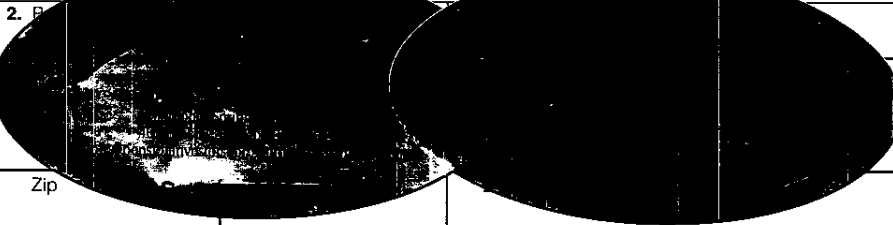
Mailing Address

1101 N. LAKE DESTINY ROAD. #200
 MAITLAND FL 32751

80043767



DO NOT WRITE IN THIS SPACE



4. FEI Number

59-2166422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MESSETT, TIMOTHY L

~~1101 N LAKE DESTINY RD~~
~~STE 200~~
 MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

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

220 E. CENTRAL PARKWAY
 Suite 3040

Altamonte Springs FL

Zip Code 32701

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.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MESSETT, TIMOTHY L. | |
| STREET ADDRESS | 6854 S ATLANTIC AVE | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | WIENER, LAWRENCE | |
| STREET ADDRESS | 4081 NORTH 36TH AVENUE | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | WREN, BRENDA W | |
| STREET ADDRESS | 611 SUNRISE AVE | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | STEVENS, KATHLEEN L | |
| STREET ADDRESS | 604 PINTO COURT SOUTH | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| CITY-ST-ZIP | | |

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

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:

Kathleen L. Stevens
 KATHLEEN L. STEVENS

3/4/02

407-875-3332

Date

Daytime Phone #

CR2E034 (9/01)