FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90246 038 ***150.00

2003 FOR PROFIT CORPORATION / UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F62240

1. Entity Name
PENSION INVESTORS CORPORATION OF ORLANDO INCORPORATED

11017263

Principal Place of Business: ~~1101 N. LAKE DESTINY ROAD, #200 MAITLAND, FL 32751~~
Mailing Address: ~~1101 N. LAKE DESTINY ROAD, #200 MAITLAND, FL 32751~~

	2. Principal Place of Business	3. Mailing Address
Street	220E.Central Parkway	220 E. Central Parkway
Suite, Apt. #, etc.	Suite 3040	Suite 3040
City & State	Altamonte Springs, FL	Altamonte Springs, FL
Zip	32701	32701
Country	USA	USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-2168422 ☐ 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
220 E. CENTRAL PARKWAY
STE 3040
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent
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

FILING FEE IS $150.00 After May 1, 2003 Fee will be $550.00 Make Checks Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	MESSETT, TIMOTHY L.	
STREET ADDRESS	6954 S ATLANTIC AVE	
CITY-ST-ZIP	NEW SMYRNA BEAHC, FL	
TITLE	VP	☐ Delete
NAME	WIENER, LAWRENCE	
STREET ADDRESS	4081 NORTH 38TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD, FL	
TITLE	T	☐ Delete
NAME	WREN, BRENDA W	
STREET ADDRESS	611 SUNRISE AVE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	S	☐ Delete
NAME	STEVENS, KATHLEEN L	
STREET ADDRESS	604 PINTO COURT SOUTH	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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: Kathleen L Stevens 4/24/03 407-875-3332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #