

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G00330

FILED
Apr 08, 2002 8:00 AM
Secretary of State

Entity Name: ORLANDO INSURORS, INCORPORATED

Current Principal Place of Business:

% JAMES L FASSBENDER
7568 LODGE POLE TRAIL
WINTER PK, FL 32792

New Principal Place of Business:

Current Mailing Address:

% JAMES L FASSBENDER
7568 LODGE POLE TRAIL
WINTER PK, FL 32792

New Mailing Address:

FEI Number: 59-2225820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FASSBENDER, JAMES L
7568 LODGE POLE TRAIL
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FASSBENDER, JAMES,
Address: 7568 LODGE POLE TR
City-St-Zip: WINTER PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FASSBENDER, JAMES,
Address: 7568 LODGE POLE TR
City-St-Zip: WINTER PARK, FL 32792 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L. FASSBENDER

PRES

04/08/2002

_____ Electronic Signature of Signing Officer or Director

_____ Date