

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90106 010 ***150.00

DOCUMENT # H84690

1. Entity Name
OREVERO CORPORATION



Principal Place of Business
P.O. BOX 220
FINKSBURG MD 21048US
US

Mailing Address
P.O. BOX 220
FINKSBURG MD 21048US
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2593365**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

OFFUTT, HARRY C., III
3003 CARDINAL DRIVE
SUITE C
VERO BEACH FL 32963

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 _____

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	DP PERKINS, RUTH S.	<input type="checkbox"/> Delete
STREET ADDRESS	1955 VALHALLA DRIVE	
CITY-ST-ZIP	FINKSBURG MD 21048	
TITLE NAME	DT PERKINS, GEORGE W.	<input type="checkbox"/> Delete
STREET ADDRESS	1955 VALHALLA DRIVE	
CITY-ST-ZIP	FINKSBURG MD 21048	
TITLE NAME	D SHERMAN, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	19 MELODY LN	
CITY-ST-ZIP	PELHAM NH	
TITLE NAME	D SHERMAN, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	19 MELODY LN	
CITY-ST-ZIP	PELHAM NH	
TITLE NAME	D SHERMAN, ROGER	<input type="checkbox"/> Delete
STREET ADDRESS	19 GRAND AVENUE	
CITY-ST-ZIP	NORTHPORT NY	
TITLE NAME	D SHERMAN, MELINDA	<input type="checkbox"/> Delete
STREET ADDRESS	19 GRAND AVENUE	
CITY-ST-ZIP	NORTHPORT NY	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D SHERMAN ROGER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	71 HALLAM DRIVE	
CITY-ST-ZIP	NORTHPORT, NY 11768	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED PERKINS 1/12/03 910 848-0868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)