

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90107 037 ****61.25

DOCUMENT # N16560

1. Entity Name

THE ORGANIZATION FOR THE REHABILITATION OF THE ENVIRONMENT, INC.



Principal Place of Business

**816 PINE SHADOW DRIVE
APOPKA FL 32712**

Mailing Address

**PO BOX 16-1510
ALTAMONTE SPRINGS FL 32716
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2588147**

Applied For

Not Applicable

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

**LEIBOLT, MS GRACE
816 PINE SHADOW DRIVE
APOPKA FL 32712**

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINNIGAN, SHAUN 3750 MAIN HWY MIAMI FL 33133	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGLOIRE, ELIASAINT POST OFFICE BOX 2314 N/A PORT-AU-PRINCE, HAITI	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FINNIGAN, MONIQUE 3750 MAIN HWY MIAMI FL 33133	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEIBOLT, MS GRACE 816 PINE SHADOW DRIVE APOPKA FL 32712	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (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 617, 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 of Monique Finnigan

3/4/03

**(407)
884-3333**