2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90091 040 ****61.25

DOCUMENT # N96000000950

1. Entity Name

ORLANDO G.O.H., INC.

B0056611

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
46 NORTH ORANGE BLOSSOM TRAIL ORALNDO FL 32805-1899	46 NORTH ORANGE BLOSSOM TRAIL ORALNDO FL 32805-1899

2. Principal Place of Business	3. Mailing Address
3700 32nd ST	3700 32nd ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando Fla	City & State: Orlando Fla
Zip: 32805 Country: USA	Zip: 32805 Country: USA

4. FEI Number: 59-3369165 ☐ 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
ORLANDO HARLEY-~~DAVISON~~ DAVIDSON 46 NORTH ORANGE BLOSSOM TRAIL ORLANDO FL 32805	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHMOND, DAVID 8217 HELENA DRIVE ORLANDO FL 32817	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition CARTER, DAN 6442 SWALLOW HILL DR ORLANDO, FL 32818
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMART, STEVE 8303 LEXINGTON VIEW LN ORLANDO FL 32835	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition W.S BRADHAM 2403 SAN LOIS RAY CT KISSIMMEE, FL 34746
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOARDWAY, GORDON 1967 TURNBERRY DR OVIEDO FL 32765	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Stephen Bec 5523 CEDAR PINE DR Orlando, FL 32819
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RICHMOND, LINDA 8217 HELENA DRIVE ORLANDO FL 32817	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PAULA SALEMI 36 BAYBERRY CASSELBERRY, FL 32707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KEMP, ALLEN 1700 BUCKHORN PLACE ORLANDO FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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] SIGNATURE REQUIRED — 1-12-01 — 407-423-0346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #