

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90152 007 ****70.00

DOCUMENT # N97000006576



1. Entity Name
KEEP ORLANDO BEAUTIFUL, INC.

Principal Place of Business
**1010 S. WOODS AVENUE
ORLANDO FL 32805**

Mailing Address
**1010 S. WOODS AVENUE
ORLANDO FL 32805**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0829554**
Applied For
 Not Applicable

City & State

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

**IENNACO, AMY T ESQ.
400 S. ORANGE AVENUE
ORLANDO FL 32801**

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 _____ 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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition

TITLE Delete
NAME **D FISKUM, DAVID**
STREET ADDRESS **5019 SHELLEY COURT**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D COX, ROGER M**
STREET ADDRESS **1010 S. WOODS AVENUE**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D CHAMBERLIN, WILLIAM G II**
STREET ADDRESS **1010 S WOOD AVENUE**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **C FERRY, JANE**
STREET ADDRESS **1010 S WOODS AVE**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **T DAHLBERG, SHARON**
STREET ADDRESS **1010 S. WOODS AVE**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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 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: **ROGER M. COX (ROGER M. COX)** 1-15-03 407-246-2260
Date Daytime Phone #

CR2E037 (10/02)