

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90087 032 ***150.00

DOCUMENT # 133690

1. Entity Name

I.P.W. OF ORLANDO, INC



Principal Place of Business

806 W WASHINGTON Street
 PO Box 3013
 Orlando, FL 32802

Mailing Address

PO Box 3217
 Jacksonville, FL
 32206

A0046019

2. Principal Place of Business

3. Mailing Address

PO Box 3217

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

Country

Zip

32206

Country

4. FEI Number

59-0865053

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HITZING, E W
 5433 BUFFALO AVE
 JACKSONVILLE, FL 32208

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.



\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE SD
 NAME DAVIS, SHARON
 STREET ADDRESS 5433 BUFFALO AVE
 CITY-ST-ZIP JACKSONVILLE, FL 32208 ☐ Delete

TITLE TD
 NAME DAVIS, RAYMOND
 STREET ADDRESS 5433 BUFFALO AVE
 CITY-ST-ZIP JACKSONVILLE, FL 32208 ☐ Delete

TITLE PD
 NAME HITZING, E W
 STREET ADDRESS 5433 BUFFALO AVE
 CITY-ST-ZIP JACKSONVILLE, FL 32208 ☐ Delete

TITLE VD
 NAME HITZING, MARIE W
 STREET ADDRESS 5433 BUFFALO AVE
 CITY-ST-ZIP JACKSONVILLE, FL 32208 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE CD ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition
 NAME HITZING, A.G.
 STREET ADDRESS 5433 BUFFALO AVE
 CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2001

Date

904-353-0462 x234

Daytime Phone #

CR2E034 (1/1/00)