

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90430 010 ***150.00

DOCUMENT # 133690

1. Entity Name

I.P.W. OF ORLANDO, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

806 W WASHINGTON STREET

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3217

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FLORIDA

City & State

JACKSONVILLE, FLORIDA

4. FEI Number

59-0865053

Applied For

Not Applicable

Zip

32802

Country

USA

Zip

32206

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name HITZING, E. W.

Street Address (P.O. Box Number is Not Acceptable)

5433 BUFFALO AVE

City JACKSONVILLE,

FL

Zip Code
32206

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 to May 1 Fees \$750.00

After May 1 Fees \$950.00

Amended UBR is \$64.75

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
HITZING, E. W.
5433 BUFFALO AVE
JACKSONVILLE, FL 32208

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON DAVIS

Date

4/9/2002

Daytime Phone #

904 353 0962

CR2E034B (12/01)