

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 359143

1. Entity Name

THE ORANGE SHOP, INC.

Principal Place of Business

18545 U.S. HWY 301 N.
CITRA FL 32113

Mailing Address

P.O. BOX 125
CITRA FL 32113

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 59-1285008

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

MOSLEY, ROBBIE G.
17828 NE 18TH AVE.
CITRA FL 32113

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, CHARLES W	
STREET ADDRESS	HIGHWAY 301	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEMASTERS, SHELBY D	
STREET ADDRESS	5 RIDGE TR	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEMASTERS, W STEVEN	
STREET ADDRESS	117 MANITOBA LANE	
CITY-ST-ZIP	MOORESVILLE NC 28115	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEMASTERS, JOHN N., III	
STREET ADDRESS	116 HIDDEN OAK DR	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, VIVIAN E	
STREET ADDRESS	HWY 301	
CITY-ST-ZIP	CITRA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOSLEY, ROBBIE G	
STREET ADDRESS	17828 NE 18TH AVE	
CITY-ST-ZIP	CITRA FL 32113	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robbie G Mosley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01
Date

352-595-3361
Daytime Phone #

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90096 015 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)