2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

1/14/00 SIGNATURE AT

SIGNATURE:

an address, with

all other like empowered.

GNING OFFICER OF DIRECTOR

HERMAN M WEISSER

Daytime Phone #

FILED Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # 372217** EIGHT HUNDRED ORANGE AVENUE, INC. 01-20-2000 90095 034 ***150.00 Principal Place of Business Mailing Address 925 N HALIFAX AVE. #1109 396 SEABREEZE BLVD DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118-3778 C0007567 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1386164 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required - 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name WEISSER, HERMAN M. Street Address (P.O. Box Number is Not Acceptable) 306 SEABREEZE BLVD. **DAYTONA BEACH FL 32118** Zip Code City Fl 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete TIT! F WEISSER, HERMAN M. NAME NAME STREET ADDRESS 925 NORTH HALIFAX AVE, #1109 STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32118-3778 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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