

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 372217**

1. Entity Name

EIGHT HUNDRED ORANGE AVENUE, INC.**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91308 011 ***150.00

Principal Place of Business

396 SEABREEZE BLVD
DAYTONA BEACH FL 32118
US

Mailing Address

925 N HALIFAX AVE. #1109
DAYTONA BEACH FL 32188-3778
US

2. Principal Place of Business

925 N. Halifax Ave. 1109S the same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Daytona

City & State
Daytona Beach, FL 32118

City & State

4. FEI Number **59-1386164**

Applied For

Not Applicable

Zip
32118

Country

Volusia

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

WEISSER, HERMAN M.
306 SEABREEZE BLVD.
DAYTONA BEACH FL 32118Name **Betty Jane Boone**

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

925 N. Halifax Ave.,
#1109 S

City

Daytona Beach**FL**Zip Code
32118

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 State10. 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 **PD** ☒ Delete
NAME **WEISSER, HERMAN M.**
STREET ADDRESS **925 NORTH HALIFAX AVE, #1109**
CITY-ST-ZIP **DAYTONA BEACH FL 32118-3778**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☒ Change ☐ Addition
NAME **Betty Jane Boone**
STREET ADDRESS **925 N. Halifax Ave., #1109 S**
CITY-ST-ZIP **Daytona Beach, FL 32118**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)