

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90004 025 \*\*\*550.00

0079744 AV

**DOCUMENT # 496329**

1. Entity Name

**ORA CORPORATION**

Principal Place of Business

Mailing Address

**825 CENTER ST.  
#22D  
JUPITER FL 33458  
US****825 CENTER ST.  
#22D  
JUPITER FL 33458  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**11-2380094**

Applied For

Not Applicable

Zip

Country

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****JOHNSON, REBECCA B  
825 CENTER ST  
#22D  
JUPITER FL 33458**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>KING, ROBERT O</b>	
STREET ADDRESS	<b>825 CENTER ST. #22D</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	

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

TITLE	<b>PTDS</b>	<input type="checkbox"/> Delete
NAME	<b>BUCKHOUT, ANN</b>	
STREET ADDRESS	<b>289 STEPHEN HANDS PATH</b>	
CITY-ST-ZIP	<b>EAST HAMPTON NY 61937</b>	

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

TITLE	<b>VAS</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, REBECCA B</b>	
STREET ADDRESS	<b>825 CENTER ST. #22D</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

**ANN BUCKHOUT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/01

Date

631-725-0800

Daytime Phone #

CR2E034 (5/01)