

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91832 036 ***158.75

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DOCUMENT # 652782

1. Entity Name
ORANGE SCREAM, INC.



Principal Place of Business
~~5036 N. SOCRUM LOOP RD.~~
LAKELAND FL 33809

Mailing Address
~~5036 N. SOCRUM LOOP RD.~~
LAKELAND FL 33809

2. Principal Place of Business
4717 FERNERY LANE
Suite, Apt. #, etc.

3. Mailing Address
4717 FERNERY LANE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
LAKELAND, FL. 33809
Zip
33809
Country
U.S.A.

City & State
LAKELAND FL.
Zip
33809
Country
U.S.A.

4. FEI Number **59-3182994**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FUSSELL, CHARLES J.
~~5036 N. SOCRUM LOOP RD.~~ **4717 FERNERY LANE**
LAKELAND FL 33809

7. Name and Address of New Registered Agent

Name
FUSSELL, CHARLES J.
Street Address (P.O. Box Number is Not Acceptable)
4717 FERNERY LANE
City
LAKELAND, FL Zip Code
33809

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charles J. Fussell*
CHARLES J. FUSSELL

(NOTE: Registered Agent signature required when reinstating)

4/29/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FUSSELL, CHARLES J.**
STREET ADDRESS ~~5036 N. SOCRUM LOOP RD.~~ **4717 FERNERY LANE**
CITY-ST-ZIP **LAKELAND FL**

TITLE **ST** ☐ Delete
NAME **WARD, WILLIAM T**
STREET ADDRESS **4950 GULF BLVD, APT 909**
CITY-ST-ZIP **SAINT PETERSBURG FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles J. Fussell*
CHARLES J. FUSSELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03
Date

863/858-2341
Daytime Phone #

CR2E034 (10/02)