FILED

Feb 10, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Secretary of State DOCUMENT # 694223 1. Entity Name 02-10-2002 90014 041 ***150.00 ORANGE HOLDINGS, INC. Principal Place of Business Mailing Address 431 N GRANDVIEW AVENUE 431 N GRANDVIEW AVENUE C/O JUNE L. WALLACE C/O JUNE L. WALLACE DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address
434 N. Grandview Ave. N. Grandview Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2168085 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALLACE, JUNE L Street Address (P.O. Box Number is Not Acceptable) 431 N GRANDVIEW AVENUE DAYTONA BEACH FL 32118 City Zip Code FI 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. JUNE L. WALLACE Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Change Addition TITLE ☐ Delete TITLE Wallace, Daniel S ' NAME NAME 434 N. Grandview Ave. STREET ADDRESS 431 N. GRANDVIEW AVE. STREET ADDRESS DAYTONA BEACH FL 32118 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 434 N. Grandview Ave. WALLACE, JUNE L NAME NAME STREET ADDRESS 431 N. GRANDVIEW AVE. STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32118 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME 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