

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 839176

1. Entity Name

GROWTH ORIENTATION, INC.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90132 037 \*\*\*\*61.25

Principal Place of Business	Mailing Address
STAR ROUTE 2 BOX 511 288 LUCKY LANE BRACY VA 23919 US	STAR ROUTE 2 BOX 511 288 LUCKY LANE BRACY VA 23919-3206 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
51-0217400	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BACHMAN, DAVID D 2114 OX BOTTOM ROAD TALLAHASSEE FL 32312	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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	STACK, MARTIN J	NAME	
STREET ADDRESS	288 LUCKY LANE	STREET ADDRESS	
CITY-ST-ZIP	BRACEY VA 23919	CITY-ST-ZIP	
TITLE	VTD	TITLE	
NAME	TAYLOR, SHEILA R	NAME	
STREET ADDRESS	112 POPULAR CREEK RD	STREET ADDRESS	
CITY-ST-ZIP	BRACEY VA 23919	CITY-ST-ZIP	
TITLE	DV	TITLE	
NAME	STACK, WILLIAM E	NAME	
STREET ADDRESS	239 LUCKY LANE	STREET ADDRESS	
CITY-ST-ZIP	BRACEY VA 23919	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: SHEILA R. TAYLOR 1/17/00 (252) 586-270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #