

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000415**

1. Entity Name

**GROUP 142 ORLANDO, LTD.**

Principal Place of Business

**28 WEST CENTRAL BLVD.  
ORLANDO FL 32801**

Mailing Address

**312 WING LANE  
WINTER PARK FL 32789**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Suite 401**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number

**59-3502245**

Applied For

Not Applicable

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

**WILLIAMS, WARREN E  
28 WEST CENTRAL BLVD.  
ORLANDO FL 32801**

Name

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

**Suite 401**

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.

**WARREN WILLIAMS**

**4-29-03**

DATE

9. Capital Contributions  
as Shown on record.

**\$100.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P92000007011**  
NAME **RMA CONSTRUCTION, INC.**  
STREET ADDRESS **312 WING LANE**  
CITY-ST-ZIP **WINTER PARK FL 32789**

STREET ADDRESS

CITY-ST-ZIP

**500018684345**  
**05/09/03--01092--005 \*\*1582.50**

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED**  
**Paul Schwaner**

**4-25-03 407-422-8191**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0000238 AV

FILED  
03 MAY -9 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

