2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F00000001821 **DOCUMENT #**

1. Entity Name

Principal Place of Business

ORLANDO BUSINESS PARK CD, INC.

17140 BERNARDO CENTER DRIVE, SUITE 300



Apr 21, 2003 8:00 am Secretary of State
04-21-2003 90306 020 ***150.00

		04-21-2003 90
Mailing Address 17140 BERNARDO CENTE	R DRIVE. SUITE 300	

SAN DIEGO CA 92128 SAN DIEGO CA 92128												
2. Principal Place of Business 3. Mailing Address			iling Address					O 10001000 QAR OUGA OUTE ENHA DEI	(<u> </u>	IBB) IIDI IBB1	
Suite, Apt. #, etc. Suite, Apt. #, etc.							☐ CHECK HERE IF MAKING CHANGES					
City & State City & State				4. FEI Number		Number 33-0882729		<u> </u>	plied For t Applicable			
Zip		Country	Zip	Zip Country				5. Certificate of Status Desired Service Servi				
	6. Name	and Address of Curren	Registere	ed Agent				7Na <u>n</u>	ne and Address of New R	egistered?	Agent	
					Name							
CORPAMERICA, INC.												
416 S.E. 1						Street Address (P.O. Box Number is Not Acceptable)						
	IDERDALE F	33316										
TOTAL DAG	DENDALE I	L 30010										
					ļ	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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE .	Signature, brand	or printed name of registered agen	t and title if and	NOTE:	Pagistara	Agent signatu	to roguized who	on minete	ating)	DATE		
	Signature, typed	or printed harne or tegrstered agen		Time (1401E.	negisteret	- Agent signatu	ia required will	ententsia				
_		! FEE IS \$150.00							9. Election Campaign Fir	ancina	\$5 A	0 мау Ве
After May 1, 2003 Fee will be \$550.00						Trust Fund Contributio			to Fees			
Make Check Payable to Florida Department of State												
10.	D#08	OFFICERS AND	DIRECTO		11.			ADDIT	TIONS/CHANGES TO OFF	ICERS AND		
TITLE	PTCD	anas w		☐ Delete	TITLE						Change	Addition
NAME	ALLEN, GE		COMIAN C	NUTE 407	NAME	i i						
STREET ADDRESS	DALLAS T	RTH CENTRAL EXPRE	SSWAT, S	SUITE 407		T ADDRESS ST-ZIP			•			
CITY-ST-ZIP	<u> </u>	19249			-							
TITLE	SD	e EDIC		☐ Delete	TITLE						☐ Change	Addition
NAME	OTTESEN,		JE CUITE	200	NAME							
STREET ADDRESS CITY-ST-ZIP		nardo center dri') ca 92128	VE, SUITE	300		T ADDRESS ST-ZIP						
		J CA 92120			-						·	
TITLE	SD	-		Delete	TITLE						Change	☐ Addition
NAME STREET ADDRESS					NAME	T ADDRESS						
CITY-ST-ZIP		CA 92128	L, OUIL	. 500	1	ST-ZIP						
	D	ON OLILO		□ Delete	╂						☐ Change	☐ Addition
TITLE NAME		HISAN R		L_I Delete	TITLE NAME	1					☐ Change	☐ Addition
						T ADDRESS						
CITY-ST-ZIP	SAN DIEGO	CA 92128	L, OOIIL	, 000		ST-ZIP						
TITLE	-			☐ Delete	TITLE						Change	Addition
NAME				LI Delete	NAME						⊏т онап⊈е	C) Addition
STREET ADDRESS						T ADDRESS						
CITY-ST-ZIP						ST-ZIP						
TITLE	 			☐ Delete	TITLE						☐ Change	Addition
NAME					NAME						change	Addition
STREET ADDRESS						T AODRESS						
CITY-ST-ZIP						ST-ZIP						_
					<u> </u>							

12. I hereby certify that the information supplied with this filling 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 true ee error wered 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:

856-675-9400