## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F01000000532

Entity Name: ST LOUIS ORLANDO ENTERPRISES, INC.

FILED Jan 24, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
8918 MANSHESTER RD ST LOUIS, MO 63144				8918 MANCHESTER RD ST LOUIS, MO 63144	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
8918 MANSHESTER RD ST LOUIS, MO 63144				8918 MANCHESTER RD ST LOUIS, MO 63144	
FEI Number	r: 43-1912772	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
1200 SOU	PORATION SY JTH PINE ISLA ION, FL 33324	ND ROAD			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registe	red office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
•		o satisfy its Intangible Tax filing red g Trust Fund Contribution (  ).	quirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip:	PD ( JUDSON, JOHN 10010 CONWA ST LOUIS, MO	AY RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: Dity-St-Zip:	VD ( CUTLIP, BREN 2057 WEALDV ST LOUIS, MO	VOOD CT.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip:	STD ( ) CUTLIP, JAMIE 2057 WEALDV ST LOUIS, MO	VOOD CT.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN E JUDSON PD 01/24/2002