

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000001460

1. Entity Name

ORA INTERNATIONAL, INC.

Principal Place of Business

1813 JOHN C SIMS PKWY EAST
NICEVILLE FL 32578

Mailing Address

PO BOX 399
NICEVILLE FL 32588-0399

2. Principal Place of Business

341 Oaklake Lane

3. Mailing Address

Suite, Apt. #, etc.

City & State

Niceville, FL 32578

City & State

Zip

Country

32578

Okaloosa

Zip

Country

4. FEI Number

54-1513803

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, JAMES M
1813 JOHN C SIMS PKWY E
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name

Downing, David J.

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

341 Oaklake Lane

City

Niceville

FL

Zip Code

32578

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

David J. Downing Executive Director

8 April 2002

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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FLORECK, HEINRICH	
STREET ADDRESS	STUMPFWEG 16	
CITY-ST-ZIP	3546 VOHL 1 GERMANY	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	LEE, JAMES M	
STREET ADDRESS	408 WEST LAKE CT	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ONEILL, MARION	
STREET ADDRESS	4500 PARKWOOD SQ	
CITY-ST-ZIP	NICEVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Downing, David J.	
STREET ADDRESS	341 Oaklake Lane	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hewitt, Wes	
STREET ADDRESS	1009 Walnut Neck Ave.	
CITY-ST-ZIP	Chesapeake, VA 23320	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rumley, Elaine	
STREET ADDRESS	107 Lake Court	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grosshauser, Toni	
STREET ADDRESS	Lindenstr. 16	
CITY-ST-ZIP	D-21521 Aumehle, Germany	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stevenson, Rob	
STREET ADDRESS	904 Mary Lou Court	
CITY-ST-ZIP	Virginia Beach, VA 23464	

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:

David J. Downing Executive Director

8 April 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90069 004 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)