

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91202 002 ****61.25

DOCUMENT # F01000001460

1. Entity Name

ORA INTERNATIONAL, INC.



Principal Place of Business

**341 OAKLAKE LANE
NICEVILLE FL 32578**

Mailing Address

**PO BOX 399
NICEVILLE FL 32588-0399**

20032159



2. Principal Place of Business

5524 Cowford RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ebro, FL

City & State

4. FEI Number **54-1513803**

Applied For

Not Applicable

Zip

Country

Zip

Country

32437

Washington

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DOWNING, DAVID J
341 OAKLAKE LANE
NICEVILLE FL 32578**

7. Name and Address of New Registered Agent

Name

David J. Downing

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

5524 Cowford RD

City

Ebro

FL

Zip Code

32437

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

David J. Downing

David J. Downing chairman

4-16-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **FLORECK, HEINRICH**
STREET ADDRESS **STUMPFWEG 16**
CITY-ST-ZIP **3546 VOHL 1 GERMANY**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS **5524 Cowford RD**
CITY-ST-ZIP **Ebro-FL 32437**

TITLE **CSD** ☐ Delete
NAME **DOWNING, DAVID J**
STREET ADDRESS **341 OAKLAKE LANE**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS **5524 Cowford RD**
CITY-ST-ZIP **Ebro-FL 32437**

TITLE **TD** ☒ Delete
NAME **HEWITT, WES**
STREET ADDRESS **1009 WALNUT NECK AVE.**
CITY-ST-ZIP **CHESAPEAKE VA 23320**

TITLE ☐ Change ☒ Addition
NAME ☐ Change ☒ Addition
STREET ADDRESS **1439 E. Sleepy Hollow**
CITY-ST-ZIP **Olathe, KS 66062**

TITLE **D** ☐ Delete
NAME **RUMLEY, ELAINE**
STREET ADDRESS **107 LAKE COURT**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD** ☐ Delete
NAME **GROSSHAUSER, TONI**
STREET ADDRESS **LINDENSTR. 16**
CITY-ST-ZIP **AUMEHLE GY D-215-1**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete
NAME **STEVENSON, ROB**
STREET ADDRESS **904 MARY LOU COURT**
CITY-ST-ZIP **VIRGINIA BEACH VA 23464**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

Downing

Director 4-16-03 850-535-6952

CR2E037 (10/02)