

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F31620

1. Entity Name

ORANGE STATE PROPERTY SERVICES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90017 018 ***150.00

Principal Place of Business 45 N ALABAMA RD N/A LEHIGH ACRES FL 33936 US	Mailing Address 1100 HOMESTEAD RD H N/A LEHIGH ACRES FL 33936-6002 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-2104132	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, THOMAS J JR E
~~4401 KIMDALE ST E~~ 4575 Via Royale
~~LEHIGH ACRES FL 33936~~ Suite 206
Ft Myers, FL 33919

Name		
Street Address (P.O. Box Number is Not Acceptable)		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	POWELL, JR HARRY C	
STREET ADDRESS	1100 HOMESTEAD RD N	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BELLINI, CLAUDIO	
STREET ADDRESS	1100 HOMESTEAD RD N	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ANGLICKIS, RUTH A	
STREET ADDRESS	1100 HOMESTEAD RD N	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John. M. Morgan	
STREET ADDRESS	302 Lee BLVD., Suite #102	
CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HARRY C. POWELL JR

Date

Daytime Phone #

CR2E034 (9/99)