2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 07, 2001 8:00 am Secretary of State DOCUMENT # **F9500003208** 1. Entity Name ORLAN US IMPORTS, INC. 06-07-2001 90002 030 ***150.00 Principal Place of Business Mailing Address 215 N. GLENWOOD AVE 215 N. GLENWOOD AVE 661221 CLEARWATER FL 33755 CLEARWATER FL 33755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3275563 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name VANLEUVEN, FLORENCE Street Address (P.O. Box Number is Not Acceptable) 215 N. GLENWOOD AVE **CLEARWATER FL 33755** City Zip Code FL 8. The above named entity submits this statement for the purpose of changing it: registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NO" .: Registered Agent's gnature required when reinstating) DATE FILE NOW !! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2(01 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Paya le to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **CPS** ☐ Delete TITLE Change ☐ Addition TITLE NAME VANLEUVEN, FLORENCE NAME STREET ADDRESS STREET ADDRESS 215 N. GLENWOOD AVE CITY-ST-7IP CITY-ST-ZIP **CLEARWATER FL 33755** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 r y 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

Daytime Phone #