

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F95000006172**

1. Entity Name
WEST ORANGE, INC.

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90928 037 ***550.00

Principal Place of Business

C/O ROBERT ANDERSON CON.
4401 NORTHSIDE PKWY STE 340
ATLANTA GA 30327

Mailing Address

C/O ROBERT ANDERSON CON.
4401 NORTHSIDE PKWY STE 340
ATLANTA GA 30327

869964



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 40 Ronus, Inc Suite, Apt. #, etc. 3290 Northside Pkwy, Ste 225 City & State Atlanta, GA Zip 30327 Country Fulton		3. Mailing Address 40 Ronus Inc Suite, Apt. #, etc. 3290 Northside Pkwy, Ste 225 City & State Atlanta, GA Zip 30327 Country Fulton	
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4. FEI Number 58-1808170	Applied For <input type="checkbox"/> Not Applicable
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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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC ANDERSON, ROBERT CON. 4401 NORTHSIDE PKWY STE 340 ATLANTA GA 30327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ADAMS, ALFRED G JR % 999 PEACHTREE ST. NE, 2300 1ST UNION PLZ ATLANTA GA 30309-3996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JORDAN, JAMES B C/O 999 PEACHTREE ST NE STE 2300 ATLANTA GA 30309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, ROBERT CON. 4401 NORTHSIDE PKWY STE 340 ATLANTA GA 30322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 affidavit with an affidavit empowered.

SIGNATURE: **Robert Anderson** **6/13/02** **678.553.4020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)