2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F97000003457 **DOCUMENT#**



FILED Apr 14, 2003 8:00 am Secretary of State

1. Entity Name ORLANDO G.S., INC.				04-14-2003 90380	049 ***150.00
Principal Place of Business 1300 METROPOLITAN AVENUE OKLAHOMA CITY OK 73108 Mailing Address 1300 METROPOLITAN AVENUE OKLAHOMA CITY OK 73108					
Principal Place of Business 3. Mailing Address			 		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State	'	City & State		4. FEI Number 59-3447899	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
FORE, STACEY STACEY (NOT a change Street Address (P.O. Box Number is Not Acceptable) 27001 US 19 NORTH #1015 CLEARWATER FL 34621 PLY PRINCIPAL OF THE STANDARD STREET ADDRESS (P.O. Box Number is Not Acceptable) FL Zip Code					■ 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11
NAME STREET ADDRESS 1	CP COUNTS, JACK E JR 1300 METROPOLITAN AVENUE OKLAHOMA CITY OK 73108	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS	VS CHILTON, MICHELLE S 1300 METROPOLITAN AVENUE OKLAHOMA CITY OK 73108	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 1	VC HARDAWAY, KYP 1300 METROPOLITAN AVENUE OKLAHOMA CITY OK 73108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ Delete	TITLE		Change Addition

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

Addition