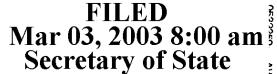
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** H79798 DOCUMENT #



Zip Country Zip Country 5, Certificate of Status Desired S75 Addition 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Per Required Report Per Required Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)    City FL Zip Code	1. Entity Nam D. ORR, IN	<i>"</i>				03-03-2003 90846 035 ***150.00								
Suite, Apt. 4, etc.  City & State  City & State Desired  Street Address of New Registered Agent  Name  ORR, DEBRA 1947 KINGFISH  NAPLES FL 34102  City  City  FL  City	1947 KINGFISH NAPLES FL 34 US	H 1102		1947   Naple US	1947 KINGFISH NAPLES FL 34102 US									
City & State  Country  Country  Country  S. Certificate of Status Desired  \$8.75 Addition  \$9.2596458  \$8.75 Addition  \$9.257 Addition  \$9.2	2. Principal Pl	Place of Busin	ess	<b>3.</b> Mai	3. Mailing Address				I INKANII NISI SERIJ	i 1951   1991 <b>9</b> 121	<b></b> 1 <b>9</b> 11 <b>8</b> 1811 1		01214 01014 10 <b>2</b> 4	
Zip Country Zip Country 5. Certificate of Status Desired St. 5. Additions of Current Registered Agent 7. Name and Address of New Registered Agent	Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Addition Fee Required	City & State			City	City & State				4. FEI Number 59-2596458				Applied For Not Applicabl	e
ORR, DEBRA 1947 KINGFISH NAPLES FL 34102  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Spinate, typed or piritise named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Spinate, typed or piritise named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and address of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and address of Florida. I am familiar with,	Zip Country			Zip		itry		5 Certificate of Status Desired   \$8.75 Additional				dditional	7	
ORR, DEBRA 1947 KINGFISH NAPLES FL 34102  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. I am familiar with, and the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEL  MAME  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEL  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEL  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEL  10. OFFICERS AND DIRECTORS INTEL  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEL  10. OFFICERS AND DIRECTORS INTEL		6. Name	and Address of Cu	rrent Registere	ed Agent		· -		7: Name and Addres	s of New F	legistered			-
1947 KINGFISH NAPLES FL 34102  City  City  FL  Zip Code  City  City  FL  Zip Code  City  FL  Zip Code  City  Added to F  City  Added to F  Added to F  Added to F  Added to F  TITLE  NAME  SIREET ADDRESS  City-ST-2P		,					Name				,			7
NAPLES FL 34102  City FL Zip Code  City FL Zip Code  6. 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 the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME ORR, DEBRA A. SIRET ADDRESS DITY-ST-ZIP NAPLES FL 34102  TITLE NAME ORR, SANDRA SIRET ADDRESS DITY-ST-ZIP NAPLES FL 34102  TITLE NAME SIRET ADDRESS DITY-ST-ZIP NAPLES FL 34102  TITLE NAME SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS							Street Addr	Street Address (P.O. Box Number is Not Acceptable)						-
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 Fiorida. I am familiar with, and the obligations of registered agent.  SIGNATURE    Signature, typed or privided name of registered agent and title of applicable. (NOTE Registered Agent signature registered agent, or both, in the State of Fiorida. I am familiar with, and the obligations of registered agent.    Signature, typed or privided name of registered agent and title of applicable. (NOTE Registered Agent signature registered agent, or both, in the State of Fiorida. I am familiar with, and the obligations of registered agent.    Signature, typed or privided name of registered agent and title of applicable. (NOTE Registered Agent signature registered when registered agent, or both, in the State of Fiorida. I am familiar with, and the obligations of registered agent.    Signature, typed or privided name of registered agent and title of agent										<del>-</del>				$\dashv$
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and the obligations of registered agent.  SIGNATURE    Soprature Typed or printed name of registered agent and silve it applicable.   (NOTE Registered Agent signature required when reinstating)							City		· · · · · ·		FI	Zip Co	de	$\dashv$
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)   DATE	8. The above the obligati	named entitions of regist	submits this statemered agent.	ent for the purp	ose of changing its	s registere	l ed office or reg	gistered	agent, or both, in the	State of Fig		- 1	n, and accept	4
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE				See the growth						D.175			
TITLE ORR, DEBRA A. STREET ADDRESS 1974 KINGFISH NAPLES FL 34102 Change ORR, SANDRA ORR, STREET ADDRESS CITY-ST-2IP ORR ORR ORR ORR ORR ORR ORR ORR ORR OR	FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00												<b>00</b> May Be ed to Fees	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ORR, SANDRA 1974 KINGFISH NAPLES FL 34102 TITLE NAME ORR, SANDRA 1974 KINGFISH NAME ORR, SANDRA 1974 KINGFISH NAPLES FL 34102 TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.		OFFICERS	AND DIRECTO	RS	11.			ADDITIONS/CHANG	ES TO OFF	ICERS AN	D DIRECTO	RS IN 11	Ι.
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	ORR, DEBI 1974 KING	FISH	,	□ Delete	NAM STRE	ET ADDRESS					☐ Change	Addition	(00/01/1002
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NAME STREET ADDRESS CITY - ST - ZIP STREET ADDRESS CITY - ST - ZIP	NAME Street adoress				☐ Delete	NAMI STRE	ET ADDRESS		3			☐ Change	☐ Addition	
	NAME STREET ADDRESS				☐ Delete	NAME STREE	ET ADDRESS					☐ Change	Addition	
TITLE         Delete         TITLE         Change         Inchange           NAME         NAME         STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP	NAME Street Address				☐ Delete	NAME STREE	ET ADDRESS		-			☐ Change	☐ Addition	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: