

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90366 035 \*\*\*150.00

**DOCUMENT # J03234**

1. Entity Name  
**C.D. ORR ENTERPRISES, INC.**

Principal Place of Business <del>367 ST. ARMANDS CIR.</del> SARASOTA FL 34236 US		Mailing Address <del>367 ST. ARMANDS CIR.</del> SARASOTA FL 34236 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

*Change address after 5-10-01*

709200



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <del>ORR, DONALD</del> <del>367 ST. ARMANDS CIR</del> SARASOTA FL 34236		7. Name and Address of New Registered Agent Name: <b>ORR, Donald</b> Street Address (P.O. Box Number is Not Acceptable): <b>24 N. Blvd. of Presidents</b> City: <b>Sarasota</b> FL Zip Code: <b>34236</b>	
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*New address after 5-10-01*

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: *Don Orr* (Don ORR) President DATE: 5-18-01

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.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP ORR, DONALD</b> <del>367 ST. ARMANDS CIR</del> SARASOTA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>24 N. Blvd of Presidents</b> Sarasota FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Change of</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>the new location</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: *Don Orr* Don Orr 7-31-01 941-388-2099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0411348

CR2E034 (10/00)