

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J03234

1. Entity Name

C.D. ORR ENTERPRISES, INC.

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

05-21-2001 90366 035 ***150.00

Principal Place of Business

~~367 ST. ARMANDS CIR~~
SARASOTA FL 34236
US

Mailing Address

~~367 ST. ARMANDS CIR~~
SARASOTA FL 34236
US

709230

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2645106**

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

ORR, DONALD
~~367 ST. ARMANDS CIR~~
SARASOTA FL 34236

New address after 5-10-01

Name *ORR, Donald*

Street Address (P.O. Box Number is Not Acceptable)

24 N. Blvd. of Presidents

City *Sarasota*

FL

Zip Code *34236*

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

5-18-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

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 ☐ Delete
DP ORR, DONALD
STREET ADDRESS ~~367 ST. ARMANDS CIR~~
CITY-ST-ZIP SARASOTA FL

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Don Orr 7-31-01

941-388-2099

CR2E034 (10/00)