

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J55203**

1. Entity Name

**ORRS MILLS ENTERPRISES LIMITED, INC., SOUTHERN D**

Principal Place of Business

**4925 GLENN DRIVE  
NEW PORT RICHEY FL 34652**

Mailing Address

**4925 GLENN DRIVE  
NEW PORT RICHEY FL 34652**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2769819**

Applied For

Not Applicable

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

**MORIZZO, NICHOLAS L.  
4925 GLENN DRIVE  
NEW PORT RICHEY FL 34652**

Name

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

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.

SIGNATURE

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 STREET ADDRESS CITY-ST-ZIP	<b>PD MORRIZZO, NICHOLAS L. 4925 GLENN DR. NEW PORT RICHEY FL</b>	<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	<b>D MORRIZZO, BERNICE 4925 GLENN DR. NEW PORT RICHEY FL</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an officer or director empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/01

Date

815-9075

Daytime Phone #

**FILED  
Apr 23, 2001 8:00 am  
Secretary of State**

04-23-2001 90037 012 \*\*\*150.00

**953439**

DO NOT WRITE IN THIS SPACE

0422034

CR2E034 (10/00)