

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90001 014 \*\*\*158.75

**DOCUMENT # J56326**

1. Entity Name  
**ORION INVESTMENT PROPERTIES, INC.**

Principal Place of Business

~~1516 E LIVINGSTON ST~~  
**1515 E LIVINGSTON ST**  
 ORLANDO FL 32803  
 US

Mailing Address

~~1516 E LIVINGSTON ST~~  
**1515 E LIVINGSTON ST**  
 ORLANDO FL 32803  
 US

549237



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1515 E. Livingston St.**  
 Suite, Apt. #, etc.

3. Mailing Address

**1515 E. Livingston St.**  
 Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

City & State

**ORLANDO, FL**

4. FEI Number **59-2785905**

Applied For  
 Not Applicable

Zip **32803**

Country

Zip **32803**

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KANTOR, HAL H. ESQ.**  
**215 N. EOLA DR.**  
**ORLANDO FL 32802**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.  (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

TITLE	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<del>MALONEY, MICHAEL J</del>	
STREET ADDRESS	<del>1516 E LIVINGSTON ST</del>	
CITY-ST-ZIP	<del>ORLANDO FL 32803</del>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MALONEY, MARGARET</b>	
STREET ADDRESS	<b>6600 W TELEPHONE RD., #1004</b>	
CITY-ST-ZIP	<b>VENTURA CA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1515 E. Livingston Street</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-30-01** Daytime Phone # **407-895-8844**

CR2E034 (10/00)