

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90151 010 ***150.00

DOCUMENT # K77396

1. Entity Name
JAMES C. ORR ASSOCIATES, INC.



Principal Place of Business
**PO BOX 780519
ORLANDO FL 32878**

Mailing Address
**PO BOX 780519
ORLANDO FL 32878**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2955640**

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, JAMES C.
233 WALTON HEATH DR
ORLANDO FL 32828

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete

NAME **PD ORR, JAMES C.**

STREET ADDRESS **233 WALTON HEATH DR**

CITY-ST-ZIP **ORLANDO FL 32828**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME **SD ORR, DONNA L**

STREET ADDRESS **233 WALTON HEATH DR**

CITY-ST-ZIP **ORLANDO FL 32828**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

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TITLE Change Addition

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STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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: JAMES C. ORR **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

2/2/03 **Date** 407-644-4186 **Daytime Phone #**

CR2E034 (10/02)