

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/16/2003-90033-015-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 27 AM 8:41

DOCUMENT # L02000010805

1. Entity Name

ORLANDO RESEARCH, LLC



Principal Place of Business

Mailing Address

2160 PARK AVE. N.
WINTER PARK FL 32789

2160 PARK AVE. N.
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMAHAN, ROBERT K. SR
900 VIRGINIA DRIVE
WINTER PARK FL 32789

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

Robert K. McMahon

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

(NOTE: Registered Agent signature required when reinstating)

04/29/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: PRESIDENT
NAME: ROBERT K. MCMAHAN
STREET ADDRESS: 2160 PARK AVE
CITY-ST-ZIP: WINTER PARK FL 32789

TITLE: CONTROLLER
NAME: BARBARA GRIVES
STREET ADDRESS: 2160 PARK AVE
CITY-ST-ZIP: WINTER PARK FL 32789

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Robert K. McMahon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/14/03 (417) 645-1000
Date Daytime Phone #

CR2E083 (10/02)