## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # L90923** May 12, 2000 8:00 am Secretary of State ORLANDO INTERNATIONAL INVESTMENT, INC. 05-12-2000 90011 031 \*\*\*150.00 Mailing Address Principal Place of Business 11040 CLIPPER COURT 11040 CLIPPER COURT WINDERMERE FL 34786 WINDERMERE FL 34786-7804 2. Pripoipal Place of Business 3. Mailing Address - ame Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3023495 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZITON, ROGER W Street Address (P.O. Box Number is Not Acceptable) 11040 CLIPPER COURT **WINDERMERE FL 34786** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. E -- FILE NOW!!! FEE IS \$150.00 ช. This corporation is eligible to satisfy its Intangible 10.-Election Campaign Financing - - \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition Delete TITLE TITLE ZITON, JACQUELINE L NAME STREET ADDRESS STREET ADDRESS 11040 CLIPPER COURT CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 ☐ Addition TITLE Delete Change NAME ZITON, ROGER W NAME 11040 CLIPPER COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with his 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 of the corporation or the receiver or trustee employeered 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 attachmentary an address, with all other like empowered. 13. I hereby certify that the information supplied with SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #