2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L97000001414

1. Entity Name
ORBITAL, L.C.

APPROVED
AND
FILED

00 MAY -1 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2727 WEST OSBORNE AVENUE	2727 WEST OSBORNE AVENUE
TAMPA FL 33614	TAMPA FL 33614-7221

DO NOT WRITE IN THIS SPACE

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 59-3502472

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

GARCIA, WALTER
2727 WEST OSBORNE AVENUE
TAMPA FL 33614

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	MGR	TITLE	☐ Change ☐ Addition
NAME	GARCIA, WALTER	NAME	700003256067---7
STREET ADDRESS	2727 WEST OSBORNE AVENUE	STREET ADDRESS	-05/18/00--01001--002
CITY-ST-ZIP	TAMPA FL 33614 ☐ Delete	CITY-ST-ZIP	****150.00 ****150.00
TITLE	MGR	TITLE	☐ Change ☐ Addition
NAME	PEEL, WILLIAM F JR	NAME	
STREET ADDRESS	4401 EAST-WEST HIGHWAY, SUITE 500	STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20814 ☐ Delete	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	

CR 2E03 (9/99)

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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #