

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM
Secretary of State****DOCUMENT # L99000008320****1. Entity Name**
FORT ORANGE INDUSTRIES, LLC

Principal Place of Business 1211 TECH BLVD. SUITE 101 TAMPA FL 33619	Mailing Address 1211 TECH BLVD. SUITE 101 TAMPA FL 33619
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3627383	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NORMAN CHRISTOPHER H 315 S. HYDE PARK AVENUE TAMPA FL 33606 US	7. Name and Address of New Registered Agent <table border="1"><tr><td>Name</td><td>DRAKEFORD WALTER</td></tr><tr><td>Street Address (P.O. Box Number is Not Acceptable)</td><td>2212 EAST 4TH AVE.</td></tr><tr><td>City</td><td>TAMPA FL</td></tr><tr><td>Zip Code</td><td>33605</td></tr></table>	Name	DRAKEFORD WALTER	Street Address (P.O. Box Number is Not Acceptable)	2212 EAST 4TH AVE.	City	TAMPA FL	Zip Code	33605
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City	TAMPA FL								
Zip Code	33605								

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 WALTER DRAKEFORD	04/30/2001
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>DATE</small>

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES																							
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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: David B. Howe	MGRM 04/30/2001
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>

Daytime Phone #

CR2E083 (11/00)