

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009248

1. Entity Name
ORANGE ROSE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -8 AM 10: 02

Principal Place of Business
3218 W AZEELE STREET
TAMPA FL 33609

Mailing Address
3218 W AZEELE STREET
TAMPA FL 33609



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3615108

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NORMAN, CHRISTOPHER H ESQ
HINES NORMAN & ASSOCIATES, P.L.
315 S HYDE PARK AVENUE
TAMPA FL 33606

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
ORANGE BLOSSOM TRUST, INC.
410 FIRST FIDELITY TRUST LTD.
R.G. SOLOMON ARCADE STE #11
MAIN ST
CHARLESTOWN, NEVUS, WEST INDIES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
ROSES TRUST, INC.
410 FIRST FIDELITY TRUST LTD.
R.G. SOLOMON ARCADE #11
MAIN ST
CHARLESTOWN, NEVUS, WEST INDIES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800003391228--0
-09/13/00--01042--010
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

8-8-00

CR2E083 (5/00)