

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90223 022 ***150.00

DOCUMENT # M85443

1. Entity Name
F.W. ORLANDO, INC.

Principal Place of Business

Mailing Address

**210 TECH DR
SANFORD FL 32771**

**210 TECH DR
SANFORD FL 32771**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PO Box 2310
City & State**

Zip

Country

Zip

Country

32790-2310

USA

4. FEI Number **59-2892178**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRASSER, THOMAS
210 TECH DR
SANFORD FL 32771**

Name
W & P Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

**1936 Lee Road
Suite 101**

City

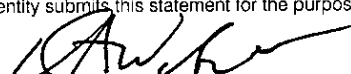
Winter Park

FL

Zip Code

32789

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.

David A. Webster

4/16/01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	STRASSER, THOMAS	
STREET ADDRESS	1211 TROTWOOD BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCAS, DAVID L	
STREET ADDRESS	2261 CLEARWATER DRIVE	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Strasser, Thomas	
STREET ADDRESS	1936 Lee Road, Ste 101	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lucas, David L.	
STREET ADDRESS	1936 Lee Road, Ste 101	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Webster, David A.	
STREET ADDRESS	1936 Lee Road, Ste 101	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered 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 attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 407-691-0500

Date

Daytime Phone #

CR2E034 (10/00)