

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000578

1. Entity Name

ORGAN TRANSPLANT ASSISTANCE, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90027 049 ****61.25

Principal Place of Business

8 PEARL ST
COCOA FL 32926

Mailing Address

8 PEARL ST
COCOA FL 32926

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

65-0967541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

JORGENSEN, CHARLEY
8 PEARL ST
COCOA FL 32926

7. Name and Address of New Registered Agent

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS JORGENSEN, CHARLEY
CITY-ST-ZIP 8 PEARL ST
COCOA FL 32926

TITLE ☐ Delete
NAME D
STREET ADDRESS CLIFTON, ROBERT
CITY-ST-ZIP 2845 W KING ST, #307
COCOA FL 32926

TITLE ☐ Delete
NAME D
STREET ADDRESS HOFFMAN, ROBERT
CITY-ST-ZIP 260 SABAL AVE
MERRITT ISLAND FL 32953

TITLE ☒ Delete
NAME D
STREET ADDRESS STOREY, MICHAEL
CITY-ST-ZIP PO BOX 540160
PORT ST JOHN FL 32927

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (10/00)

Charley E. Jorgensen 1/17/01
1-321-504 3798