2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001113

1. Entity Name

ORANGE BELT YABA, INC.



Apr 09, 2003 8:00 am Secretary of State 04-09-2003 90144 017 ****61.25

FILED

Principal Plac	(D								
1215 NE LAKE	ce of Business	Mailing Address							
3215 NE LAKE SEBRING DR		3215 NE LAKE SEBRING DR							
SEBRING FL 3	3870	SEBRING FL 33870							
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2. Principal P	Place of Business `	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 50	3870/032 (3		oplied For		
Zip	Country	Zip	Cour	itry	5. Certificate of St		\$8.75 Add	ditional	
	6. Name and Address of Curren	Registered Agent	<u> </u>	···	7. Name and Add	ress of New Registered A			
				Name			- <u>J</u>		
MORRISC	ON, JOSEPH A			Ctroot A	ddraes (D.O. Bey Number is N	ulat Assantable)			
3500 S FLORIDA AVE STE 3			Street Address		daress (P.O. Box Number is r	s (P.O. Box Number is Not Acceptable)			
	ID FL 33803		[
			}	City		=-	Zip Cod		
				Oity		FL	210 000	C	
	named entity submits this statement f	or the purpose of changing it	s registere	d office o	registered agent, or both, in	the State of Florida. I am fa	amiliar with,	and accept	
the obligat	ions of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable (NO	TF: Registered	Agent signat	ure required when reinstating)	DATE			
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Ŧ	FILE NOW: FEE IS \$61.25	9. Election Ca Trust Fund	ampaign Fir Contributio	-	\$5.00 May Be Added to Fees	Make Check Florida Depart			
10.	. OFFICERS AND D	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AND DIF	RECTORS IN	I 10	
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Increedy certify that the information supplied with this filling 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.