2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000008036

LABBE, LENA

1632 OVERLOOK RD.

ORLANDO, FL 32809

Name:

Address:

City-St-Zip:

Entity Name: ORHS CLASS OF 1992 INC.

FILED Apr 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 114 NADIA MICHELLE CT. JACKSONVILLE, FL 32225 **Current Mailing Address: New Mailing Address:** 114 NADIA MICHELLE CT. JACKSONVILLE, FL 32225 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KONTARIDIS, CHRIS 114 NADIA MÍCHELLE CT. JACKSONVILLE, FL 32225 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GARCIA, DEBORAH Name: Name: Address: 300 YOAKUM PARKWAY, #1514 Address: City-St-Zip: ALEXANDRIA, VA 22304 City-St-Zip: Title: () Delete Title: () Change () Addition KONTARIDIS, CHRIS Name: Name: Address: 114 NADIA MICHELLE CT. Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: SBRD () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRIS N. KONTARIDIS PRD 04/29/2002