

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008286

1. Entity Name

BIG ORANGE GAMES, INC.

Principal Place of Business

1820 A.D. MIMS RD  
OCOE FL 34761

Mailing Address

1820 A.D. MIMS RD  
OCOE FL 34761

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PRETTYMAN, VICTORIA  
2800 N DAMON RD  
APOPKA FL 32703

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

*V.P. Prettyman* VICTORIA P. Prettyman

2-6-02

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 D ☐ Delete  
NAME BEECH, JAMES L  
STREET ADDRESS 1206 KIMBALL DR  
CITY-ST-ZIP OCOEE FL 34761

TITLE D ☐ Delete  
NAME PRETTYMAN, VICTORIA  
STREET ADDRESS 2800 N DAMON RD  
CITY-ST-ZIP APOPKA FL 32703

TITLE D ☐ Delete  
NAME STEWART, CHARLES  
STREET ADDRESS 4217 CHAMBERLAIN WAY  
CITY-ST-ZIP CLERMONT FL 34711

TITLE D ☐ Delete  
NAME OVERSTREET, WILLIAM E  
STREET ADDRESS 17270 PHIL C PETERS RD  
CITY-ST-ZIP WINTER GARDEN FL 34877

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*V.P. Prettyman* VICTORIA P. Prettyman

2-6-02

407-905-3180

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 24, 2002 8:00 am  
Secretary of State

02-24-2002 90026 018 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)