

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

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90142 045 ****61.25

0001128

DOCUMENT # N02000009830

1. Entity Name

SAVE THE ORPHANS, INC.



Principal Place of Business

**3128 KENNEDY BLVD
TAMPA FL 33609**

Mailing Address

**3128 KENNEDY BLVD
TAMPA FL 33609**

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

04-3732896

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

**COOK, RONALD D
201 N FRANKLIN ST STE 3010
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT & SECRETARY <input type="checkbox"/> Delete
NAME	MANUEL J. FERNANDEZ
STREET ADDRESS	3128 W. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	V. PRES. + TREASURER <input type="checkbox"/> Delete
NAME	ROB K. ROY
STREET ADDRESS	3128 W. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	DIRECTORS: <input type="checkbox"/> Delete
NAME	MANUEL J. FERNANDEZ
STREET ADDRESS	3128 W. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	DIRECTOR: <input type="checkbox"/> Delete
NAME	ROB K. ROY
STREET ADDRESS	3128 W. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	DIRECTOR: <input type="checkbox"/> Delete
NAME	PAUL M. BOIRE
STREET ADDRESS	3128 W. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 OF MANUEL J. FERNANDEZ

7/6/03

83-671-1841

CR2E037 (10/02)