

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91285 017 ***158.75

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DOCUMENT # P00000004867

1. Entity Name
ORION CONSULTING, INC.



Principal Place of Business
3642 LOTHAIK AVE.
BOYNTON BEACH FL 33436

Mailing Address
3642 LOTHAIK AVE.
BOYNTON BEACH FL 33436

11060316



2. Principal Place of Business
608 Old Six Mile Hwy
Suite, Apt. #, etc.

3. Mailing Address
608 Old Six Mile Hwy
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Central, SC
Zip
29630 Country
Pickens

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Central, SC
Zip
29630 Country
Pickens

4. FEI Number **65-0979844**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOOVER, SAMUEL T
3642 LOTHAIK AVE.
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name **Pat Sanders**
Street Address (P.O. Box Number is Not Acceptable)
6514 Hwy 301
City **Riverview** FL Zip Code **33569**

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 **Pat Sanders**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/25/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOOVER, SORREL 3642 LOTHAIK AVENUE BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOOVER, SAMUEL 3642 LOTHAIK AVENUE BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOOVER, SAMUEL 3642 LOTHAIK AVENUE BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOOVER, SORREL 3642 LOTHAIK AVENUE BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sorrel Hoover 608 Old Six Mile Hwy Central, SC 29630	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Samuel Hoover 608 Old Six Mile Hwy Central, SC 29631	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Samuel Hoover 608 Old Six Mile Hwy Central, SC 29630	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Sorrel Hoover 608 Old Six Mile Hwy Central, SC 29630	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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 **Sorrel Hoover** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/25/03**

Daytime Phone #

CR2E034 (10/02)