

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91510 008 \*\*\*550.00

**DOCUMENT # P00000022407**

1. Entity Name

**520 WEST VIRGINIA, INC.**

Principal Place of Business

**1249 N. ORANGE AVE.  
 ORLANDO FL 32804**

Mailing Address

**1249 N. ORANGE AVE.  
 ORLANDO FL 32804**

2. Principal Place of Business

**520 VIRGINIA DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**520 VIRGINIA DRIVE**

Suite, Apt. #, etc.

City & State

**ORLANDO, FLORIDA**

Zip

**32803**

Country

**ORANGE**

City & State

**ORLANDO, FLORIDA**

Zip

**32803**

Country

**ORANGE**

4. FEI Number

**59-3628730**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ARMSTRONG, JANICE  
 1249 N. ORANGE AVE.  
 ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name

**JOHN PARRETT**

Street Address (P.O. Box Number is Not Acceptable)

**520 VIRGINIA DRIVE**

City

**ORLANDO**

**FL**

Zip Code

**32803**

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

*[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable.

**JOHN PARRETT**

(NOTE: Registered Agent signature required when reinstating)

**5-2-02**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PARRETT, JOHN E</b>	
STREET ADDRESS	<b>1249 N. ORANGE AVE.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OLSON, BRUCE</b>	
STREET ADDRESS	<b>520 VIRGINIA DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO, FL. 32803</b>	

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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* **BRUCE OLSON, TREASURER** **5/28/02** **407-897-6900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)