

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90503 034 ***150.00

DOCUMENT # P00000044478

1. Entity Name

ORUS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6300 NE 1st Avenue

3. Mailing Address

6300 NE 1st Avenue

Suite, Apt. #, etc.

#300

Suite, Apt. #, etc.

#300

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33334

Country

U.S.A.

Zip

33334

Country

U.S.A.

4. FEI Number

65-1005439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jeffrey S. Roschman

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

6300 NE 1st Avenue, #300

City **Fort Lauderdale**

FL

Zip Code **33334**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY - ST - ZIP
P	Walter S. Hagenbuckle	1549 Heights Court	Marco Island, FL 34145
VPST	Wesley P. Weeks	5313 Flamingo Place	Coconut Creek, FL 33073

**DO NOT WRITE
IN THIS SPACE**

3. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

** Harry J. Hale, Vice President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

Daytime Phone #