

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

DOCUMENT # P00000070390

1. Entity Name

ORA Management, Inc.

**FILED
May 02, 2002 8:00 am
Secretary of State**

05-02-2002 90132 028 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5001 N. Coolidge

Suite, Apt. #, etc.

3. Mailing Address

3355 Bearss Ave

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33614

City & State

Tampa, Florida

Zip

33618

Country

4. FEI Number

59-3661366

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Walter Sanders

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

3355 Bearss Avenue

City

Tampa

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

Walter Sanders

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

(NOTE: Registered Agent signature required when reinstating)

4/02/02

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	<u>PP</u>	TITLE	
NAME	<u>Doyle, Raymond</u>	NAME	
STREET ADDRESS	<u>5001 N. Coolidge</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Tampa, FL 33614</u>	CITY-ST-ZIP	
TITLE	<u>DS</u>	TITLE	
NAME	<u>Doyle, Cynthia</u>	NAME	
STREET ADDRESS	<u>5001 N. Coolidge</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Tampa, FL 33614</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE

IN THIS SPACE

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-02 (813) 884-4141

Date

Daytime Phone #