

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

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

05-02-2002 90132 028 \*\*\*150.00

DOCUMENT # P000000070390

1. Entity Name  
ORA Management, Inc.

**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.

DO NOT WRITE IN THIS SPACE

City & State  
Tampa, Florida  
Zip 33614 Country

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**

**DO NOT WRITE  
IN THIS SPACE**

**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 33618

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 Walter Sanders 4/02/02  
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 PP Doyle, Raymond  
STREET ADDRESS 5001 N. Coolidge  
CITY-ST-ZIP Tampa, FL 33614

TITLE  
NAME DS Doyle, Cynthia  
STREET ADDRESS 5001 N. Coolidge  
CITY-ST-ZIP Tampa, FL 33614

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CITY-ST-ZIP

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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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)