

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114345

1. Entity Name

ORR'S ENTERPRISE, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90188 033 ***150.00

Principal Place of Business

3579 S. MILITARY TRAIL
LAKE WORTH FL 33463

Mailing Address

3579 S. MILITARY TRAIL
LAKE WORTH FL 33463

2. Principal Place of Business

6525 Southern Blvd.
Suite, Apt. #, etc.

3. Mailing Address

4140 FERN ST.
Suite, Apt. #, etc.

City & State

West Palm Bch. FL.
33411 US

City & State

LAKE WORTH FL.
33461 US

4. FEI Number

65-1083910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORR, PAMELA
2712 PARK STREET
LAKE WORTH FL 33461

Name Pamela ORR

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

4140 FERN ST

City Lake Worth

FL

Zip Code 33461

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ORR, PAMELA	
STREET ADDRESS	4140 FERN STREET	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORR, BARRY LEE	
STREET ADDRESS	4140 FERN STREET	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01
Date

561-963-0805
Daytime Phone #

CR2E034 (10/00)