FILED
Jun 02, 2002 8:00 am
Secretary of State
04-28-2002 90779 041 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000039787

1. Entity Name
PARK ORCHARD, INC

DO NOT WRITE IN THIS SPACE

33882

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2198 PRINCETON ST.	2198 PRINCETON ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34237 County: SARASOTA	Zip: 34237 County: SARASOTA

4. FEI Number: 65-1100188 ☐ 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: BRIAN LOVREY

Street Address (P.O. Box Number Not Acceptable): 2198 PRINCETON ST.

City: SARASOTA FL Zip: 34237

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: _____ 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 P NAME LOVREY, MARK STREET ADDRESS CITY-ST-ZIP		TITLE P NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VD NAME LOVREY, BRIAN STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: BRian L Lovrey Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E044B (12/01)