

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000083117**

1. Entity Name

ORANGE AVENUE CORPORATION**FILED****Jul 08, 2002 8:00 A.M.
Secretary of State**

Principal Place of Business

**800 NORTH MAGNOLIA AVE STE 1400
ORLANDO FL 32803**

Mailing Address

**800 NORTH MAGNOLIA AVE STE 1400
ORLANDO FL 32803***Correct*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20 North Orange Ave.

Suite, Apt. #, etc.

Suite 704

City & State

Orlando, FL

Zip

32801

Country

3. Mailing Address

20 North Orange Ave.

Suite, Apt. #, etc.

Suite 704

City & State

Orlando, FL

Zip

32801

Country

4. FEI Number

59-3740111

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WALTERS, MALLORY**800 NORTH MAGNOLIA AVE STE 1400
ORLANDO FL 32803****20 North Orange
Avenue
Suite 704
Orlando, FL 32801**

7. Name and Address of New Registered Agent

Name

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

City

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

Mallory Walters

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

(NOTE: Registered Agent signature required when reinstating)

7/6/02

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	DECKER, RAINER	
STREET ADDRESS	KARL WIECHERT ALLEE 57	
CITY-ST-ZIP	HANNOVER, GERMANY 30625	

TITLE	D	<input type="checkbox"/> Delete
NAME	BRAZEL, DENNIS D	
STREET ADDRESS	800 NORTH MAGNOLIA AVE STE 1400	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE	Sp.	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President and Director and Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. Mallory Walters	
STREET ADDRESS	20 North Orange Ave. Suite 704	
CITY-ST-ZIP	Orlando, FL 32801	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Mallory Walters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

(407) 254-5257

Daytime Phone #

CR2E034 (9/01)

hannover **re**

292

Orlando
Mallory Walters

July 2, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: P01000083117
Letter number: 302A00040768

Enclosed is the correspondence that was forwarded to Orange Avenue Corporation on June 3, 2002 and subsequently returned to the Department of State. I am unsure why the US Postal Service has returned this letter to you as we are currently receiving mail at the new address with no problems. The correct mailing address for all corporate matters and tax related filings is:

20 North Orange Avenue
Suite 704
Orlando, FL 32801-4613

In addition, since the filing of the report, I have relocated, as the registered agent, to this location also and as such have made that correction in addition to the FEI number that was inadvertently left off of the report when it was originally filed.

Please let me know if you have any further questions or comments regarding this filing.

Sincerely,

Mallory Walters

Mallory Walters
Secretary/Registered Agent
Orange Avenue Corporation