

2002 UNIFORM BUSINESS REPORT (UBR)

05-06-2002 90051 045 ***150.00
P01000084688

DOCUMENT # P01000084688

1. Entity Name
ORANGE MAGNOLIA, INC.

FILED

02 JUL -1 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
215 AVENUE H. S.E.
WINTER HAVEN FL 33880

Mailing Address
215 AVENUE H. S.E.
WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
215 Ave H, SE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Winter Haven FL
Zip 33880 Country FL

City & State
Winter Haven FL
Zip 33880 Country FL

4. FEI Number
03-0386657

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

COURTNEY, LARHONDA R
215 AVENUE H, S.E.
WINTER HAVEN FL 33880

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 Larhonda R. Courtney april 19, 2002
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input type="checkbox"/> Delete
NAME	COURTNEY, LARHONDA R	
STREET ADDRESS	P.O. BOX 7376	
CITY-ST-ZIP	WINTER HAVEN FL 33883-7376	
TITLE	N/A	<input type="checkbox"/> Delete
NAME	Novett, William II	
STREET ADDRESS	10 Ave T, NE	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	Mary Courtney Bell	
STREET ADDRESS	3529 Lenga Terrace	
CITY-ST-ZIP	Colorado, Spring, CO 80910	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Bernice B. Courtney	
STREET ADDRESS	W. 1st St	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Melissa McGowan	
STREET ADDRESS	Lakeland, FL	
CITY-ST-ZIP	33801	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernice B. Courtney	
STREET ADDRESS	P.O. Box 7376	
CITY-ST-ZIP	Winter Haven, FL	
TITLE	Directorate	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melissa McGowan	
STREET ADDRESS	Lakeland, FL	
CITY-ST-ZIP		
TITLE	Delete	<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: Larhonda R. Courtney

4/19/02 863-294-1753

CR2002 (0/01)