

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

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90008 033 ***150.00

DOCUMENT # P01000090434

1. Entity Name

Orlando Savings Card, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

337 N. Hwy US 27

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 120981

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont, FL

4. FEI Number

59-3744521

☒ Applied For
☐ Not Applicable

Zip

34711

Country

USA

Zip

34712-0981

Country

USA

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

7. Name and Address of Current Registered Agent

Name

Jennifer J. Mayen

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

16028 Horizon Court

City

Clermont

FL

Zip Code

34711

**DO NOT WRITE
IN THIS SPACE**

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

Jennifer J. Mayen

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

Jennifer J. Mayen

(NOTE: Registered Agent Signature required when amending)

3-13-02

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**

President
Jennifer J. Mayen

**STREET ADDRESS
CITY - ST - ZIP**

PO Box 120981
Clermont, FL 34712-0981

TITLE

NAME

**STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME**

Vice President
Kenneth J. Mayen

**STREET ADDRESS
CITY - ST - ZIP**

PO Box 120981
Clermont, FL 34712-0981

TITLE

NAME

**STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME**

Secretary/Treasurer
John Abraham

**STREET ADDRESS
CITY - ST - ZIP**

1323 Olympia Park Circle
Ocoee, FL 34761

TITLE

NAME

**STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME**

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CITY - ST - ZIP**

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CITY - ST - ZIP**

**DO NOT WRITE
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

Jennifer J. Mayen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer J. Mayen

Date

3-13-02

Daytime Phone #

407-905-6199

CR2E034B (12/01)