FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90102 003 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115456

1. Entity Name

ORUS INFORMATION SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6300 NE 1st Avenue	6300 NE 1st Avenue
Suite, Apt. #, etc.: 3RD Floor	Suite, Apt. #, etc.: 3RD Floor
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33334 Country: U.S.A.	Zip: 33334 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 84-1485239 ☐ 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: Wesley P. Weeks

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

6300 NE 1st Avenue, 3RD Floor

City: Fort Lauderdale FL Zip Code: 33334

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 not attesting) 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	S
NAME	Jeffrey S. Roschman
STREET ADDRESS	6300 NE 1st Avenue, 3RD Floor
CITY-ST-ZIP	Fort Lauderdale, FL 33334
TITLE	V
NAME	Wesley P. Weeks
STREET ADDRESS	6300 NE 1st Avenue, 3RD Floor
CITY-ST-ZIP	Fort Lauderdale, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: Wesley P Weeks 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #