FILED
May 29, 2003 8:00 am
Secretary of State
05-29-2003 90140 011 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80122840

DOCUMENT # P02000038214

1. Entity Name
ORLANDO REALTY, INC.

Principal Place of Business	Mailing Address
6872 BITTERSWEET LANE ORLANDO, FL 32819	6872 BITTERSWEET LANE ORLANDO, FL 32819

2. Principal Place of Business	3. Mailing Address
6872 Bittersweet Ln.	6872 Bittersweet Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Orlando, FL (City & State)	Orlando, FL 32819 (City & State)
32819 (Zip) USA (Country)	32819 (Zip) USA (Country)

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0672589 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, BARBARA J
6872 BITTERSWEET LANE
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name: Ramirez, Barbara J.
Street Address (P.O. Box Number is Not Acceptable): 6872 Bittersweet Lane
City: Orlando, FL FL Zip Code: 32819

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2003 Fee Will Be $550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

Field	Entry	Delete
TITLE	President	☐
NAME	Barbara Ramirez	
STREET ADDRESS	6872 Bittersweet Lane	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	Vice-President	☐
NAME	Barbara Ramirez	
STREET ADDRESS	6872 Bittersweet Lane	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	Secretary	☐
NAME	Barbara J. Ramirez	
STREET ADDRESS	6872 Bittersweet Lane	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Field	Entry	Change	Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara J Ramirez (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 5-23-03 (Date) 407-496-1681 (Daytime Phone #)