

FILED
Mar 28, 2003 8:00 am
Secretary of State

02-05-2003 90103 027 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000055418

1. Entity Name
O-PORT, INC.



Principal Place of Business
103 E LANCASTER RD
ORLANDO FL 32809

Mailing Address
103 E LANCASTER RD
ORLANDO FL 32809

2. Principal Place of Business

1306 Pleasantridge Place
Suite, Apt. #, etc.

3. Mailing Address (change)

1306 Pleasantridge Place
Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip
32835

Country
USA

City & State

Orlando, Florida

Zip
32835

Country
USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

REINHARDT, ERIC C
13340 W COLONIAL DR, STE 220
WINTER GARDEN FL 34787

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. 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VING, TRAVIS F
103 E LANCASTER RD
ORLANDO FL 32809
1306 Pleasantridge Pl.
Orlando, FL 32835

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Address change
1306 Pleasantridge Place
Orlando, FL 32835

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director

Travis F. Vining 2/1/03

Date

407-551-0471

Daytime Phone #

CR2034 (10/02)