2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000077074

1. Entity Name . OP KISSIMMEE INC



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

04-28-2003 90986 004 ***150.00

OF NIOON	WINCE, INC.										
Principal Place of Business 2111 GLENWOOD DR STE 202 WINTER PARK FL 32792		Mailing Address 2111 GLENWOOD DR STE 202 WINTER PARK FL 32792				11022347 Ey					
Principal Place of Business			dress			I IBBIIBBI III BBIIB IIBII TBIII BBIII	89 #1 88 1 99	1001 001			
Suite, Apt.		Suite, Apt. #, etc			7	∑ CHECK HERE IF	MAKING C	HANGE	3		
City & State		City & State			4.	FEI Number 59-3629262		⊢ +	Applied For Not Applicable		
34741	Country Osceola	Zip	Count	ту	5.	Certificate of Status Desired		8.75 Ac		1	
	7. Name and Address of New Registered Agent										
CT CORPORATION SYSTEM					Name						
	NE ISLAND RD	Street Address			s (P.O. I	s (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324											
				City			FL	Zip Co	de		
8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.					tered aq	gent, or both, in the State of Florid	ia. I am fam	niliar with	, and accept]	
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable	/NOTE: Benistered	Agent signature requi	irad when	reinstation	DATE				
	LE NOW!!! FEE IS \$150.00		(For a Foreign State of			100				$\frac{1}{1}$	
After	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of S	tate				9. Election Campaign Finar Trust Fund Contribution.	ncing		00 May Be ed to Fees		
10.	OFFICERS AND DI	RECTORS	11.			DDITIONS/CHANGES TO OFFIC	ERS AND D	RECTOR	RS IN 11] _	
TITLE NAME	D Deering, Lawrence R	☐ Deleti	TITLE NAME		C/CE(erin:	o g, Lawrence R.	2	S Change	☐ Addition	6	
STREET ADDRESS CITY-ST-ZIP	200 CORPORATE CENTER DR STE MOON TOWNSHIP PA 15108	360	STREE	ET ADDRESS 200	O Co	rporate Center Dr. ownship, PA 15108	ive, Sι	iite	360	100	
TITLE	D SUPPLIES B	☐ Delete	-	י/מ	Γ		Q	Change	Addition		
NAME STREET ADDRESS	CURCIO, EUGENE R 200 CORPORATE CENTER DR STE	360	. NAME STREE			, Eugene R. rporate Center Dr	iva Sı	ıi ta	360		
CITY-ST-ZIP	MOON TOWNSHIP PA 15108		CITY-			ownship, PA 15108					
TITLE NAME	D CONTE, JOSEPH D	☐ Delete	e TITLE NAME		P/CO		Ę	Change	☐ Addition		
STREET ADDRESS : CITY-ST-ZIP	200 CORPORATE CENTER DR STE MOON TOWNSHIP PA 15108	360	STREE	T ADDRESS 200	0 Co:	Joseph D. rporate Center Dr		ıite	360		
TITLE		☐ Delete		S		ownship, PA-15108		Change	X Addition	1	
NAME STREET ADDRESS			NAME STREE			ti, Rosemary L.					
CITY-ST-ZIP			CITY-	ST-ZIP Mod	on T	rporate Center Dr. ownship, PA 15108	ive, Su	ıite			
TITLE NAME		☐ Delete	TITLE NAME			, , , , , , , , , , , , , , , , , , ,] Change	☐ Addition		
STREET ADDRESS				T ADDRESS							
CITY-ST-ZIP				ST-ZIP	.			7.0		}	
TITLE NAME		☐ Delete) TITLÉ NAME] Change	☐ Addition		
STREET ADDRESS				T ADDRESS							
12. I hereby c	ertify that the information supplied with th	is filing does not qua		ST-ZIP	Section	119.07(3)(i). Florida Statutes + fi	 urther certify	that the	information	1	

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:

(412) 269-2400

Daytime Phone #