## **2003 FOR PROFIT CORPORATION**

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

**DELTONA FL 32738** 

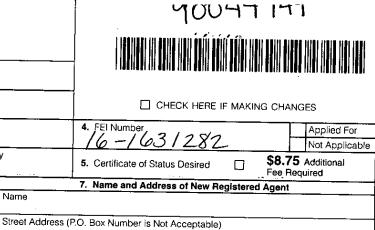
3560 APPLE ORCHARD DR

## **UNIFORM BUSINESS REPORT (UBR** P02000104312 DOCUMENT # 1. Entity Name



03-07-2003 90108 002 \*\*\*150.00

THI THUOP



DATE

JOHNSON, DEBRA E 3560 APPLE ORCHARD DR **DELTONA FL 32738** 

DISCOVER ORCHIDS, INC.

Principal Place of Business

3560 APPLE ORCHARD DR

2. Principal Place of Business

**DELTONA FL 32738** 

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

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

City

(NOTE: Registered Agent signature required when reinstating)

Country

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

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

Country

6. Name and Address of Current Registered Agent

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME JOHNSON, MICHAEL K NAME STREET ADDRESS 3560 APPLE ORCHARD DR STREET ADDRESS CITY-ST-ZIP DELTONA FL 32738 CITY-ST-ZIP TITLE DVS ☐ Delete TITLE ☐ Change ☐ Addition JOHNSON, DEBRA E NAME NAME STREET ADDRESS 3560 APPLE ORCHARD DR STREET ADDRESS CITY-ST-ZIP **DELTONA FL 32738** CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: