

**2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

ATX1

DOCUMENT # P03000024679	
1. Entity Name	
ORANGEWOOD CONTRACTORS, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 505 US 27 N Suite, Apt. #, etc.		3. Mailing Address 505 US 27 N Suite, Apt. #, etc.	
City & State AVON PARK, FL		City & State AVON PARK, FL	
Zip 33825	Country HIGHLANDS	Zip 33825	Country HIGHLANDS

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0060179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name DIXON, WENDY H	
Street Address (P.O. Box Number is Not Acceptable) 505 US 27 N	
City AVON PARK	Zip Code 33825

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11.

TITLE P NAME DIXON, HERBY B STREET ADDRESS 505 US 27 N CITY-ST-ZIP AVON PARK, FL 33825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000103269 04/05/04-80049-011 150.00
TITLE VS NAME DIXON, WENDY H. STREET ADDRESS 505 US 27 N CITY-ST-ZIP AVON PARK, FL 33825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE T NAME HAYES, RICHARD A STREET ADDRESS 505 US 27 N CITY-ST-ZIP AVON PARK, FL 33825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

WENDY H. DIXON, SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/4

Date

863-452-6400

Daytime Phone #