2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06206

1. Entity Name

ORVIS SERVICES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90291 023 ***150.00

Principal Place of Business	Mailing Address
ORVIS SERVICES. INC ROUTE 7A MANCHESTER VT 05254 US	1711 BLUE HILLS DR P. O. BOX 12000 ROANOKE VA 24012-8602 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 03-0285806 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
A.C.G. CO. 1300 BARNETT PLAZA 201 SOUTH ORANGE AVENUE ORLANDO FL	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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PERKINS, LEIGH H.	NAME	
STREET ADDRESS	RR #4, BOX 4903	STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	PERKINS, LEIGH H. JR	NAME	
STREET ADDRESS	RR #1, BOX 1418	STREET ADDRESS	531 RIVER ROAD
CITY-ST-ZIP	MANCHESTER CENTER VT	CITY-ST-ZIP	MANCHESTER CENTER, VT 05255
TITLE	VP ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	PERKINS, DAVID D.	NAME	
STREET ADDRESS	RD #1, BOX 1323	STREET ADDRESS	487 RIVER ROAD
CITY-ST-ZIP	ARLINGTON VT	CITY-ST-ZIP	MANCHESTER CENTER, VT 05255
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VACCARO, THOMAS S.	NAME	
STREET ADDRESS	P. O. BOX 1312	STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER CENTER VT	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CASSIDY, JOSEPH	NAME	
STREET ADDRESS	P. O. BOX 360	STREET ADDRESS	170 WAYS LANE
CITY-ST-ZIP	MANCHESTER CENTER VT	CITY-ST-ZIP	MANCHESTER CENTER, VT 05255
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas S. Vaccaro THOMAS S. VACCARO 4/25/00 (540) 345-6789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)