

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-28-2003 91444 042 ***150.00

06/1988 MB

DOCUMENT # P06206

1. Entity Name
ORVIS SERVICES, INC.



Principal Place of Business
ORVIS SERVICES, INC.
ROUTE 7A
MANCHESTER VT 05254
US

Mailing Address
1711 BLUE HILLS DR
P. O. BOX 12000
ROANOKE VA 24012
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **03-0285806**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PERKINS, LEIGH H.**
STREET ADDRESS **RR #4, BOX 4903**
CITY-ST-ZIP **MONTICELLO FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **PERKINS, LEIGH H. JR**
STREET ADDRESS **531 RIVER RD.**
CITY-ST-ZIP **MANCHESTER CENTER VT 05255**

TITLE **CEO** ☒ Change ☐ Addition
NAME **LEIGH H. PERKINS, JR**
STREET ADDRESS **672 BENTLEY HILL ROAD**
CITY-ST-ZIP **ARLINGTON, VT 05250**

TITLE **VP** ☐ Delete
NAME **PERKINS, DAVID D.**
STREET ADDRESS **487 RIVER RD.**
CITY-ST-ZIP **MANCHESTER CENTER VT 05255**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☒ Delete
NAME **VACCARO, THOMAS S.**
STREET ADDRESS **P. O. BOX 1312**
CITY-ST-ZIP **MANCHESTER CENTER VT**

TITLE **CEO** ☐ Change ☒ Addition
NAME **BRIAN C. GOWEN**
STREET ADDRESS **12 EAGLE RISE ROAD**
CITY-ST-ZIP **MANCHESTER, VT 05254**

TITLE **T** ☐ Delete
NAME **CASSIDY, JOSEPH**
STREET ADDRESS **170 WAYS LANE**
CITY-ST-ZIP **MANCHESTER CENTER VT 05255**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN C. GOWEN **4/25/03** **802-362-6243**
Date Daytime Phone #

CR2E034 (10/02)