

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000004295

1. Entity Name  
**ORANGE PETROLEUM, INC.**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90065 004 \*\*\*150.00

Principal Place of Business  
**424 INDUSTRIAL PARK**  
**2173 PLATINUM ROAD**  
**APOPKA FL 32703**  
**US**

Mailing Address  
**424 INDUSTRIAL PARK**  
**2173 PLATINUM ROAD**  
**APOPKA FL 32703**  
**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

4. FEI Number **59-3152917**

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>QUINN, RICHARD A</b> <b>538 ALOKEE CT.</b> <b>LAKE MARY FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PERKINS, JON T</b> <b>10576 LAKE HILL DR</b> <b>CLERMONT FL 34711</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>Wynne, James A. III</b> <b>2701 Reese Rd.</b> <b>DAVIE, FL 33314</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Bennett, Jeffrey</b> <b>11150 Santa Monica Blvd. Suite 1200</b> <b>Los Angeles, CA 90025</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>McGOLDICK, MARK</b> <b>ONE BANK BOSTON PLAZA Suite 1600</b> <b>PROVIDENCE, RI 02903</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Wong, David</b> <b>11150 Santa Monica Blvd. Suite 1200</b> <b>Los Angeles, CA 90025</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Laurence, Christopher</b> <b>11150 Santa Monica Blvd. Suite 1200</b> <b>Los Angeles, CA 90025</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>ROSENBAUM, Stanley G.</b> <b>2701 Reese Rd.</b> <b>DAVIE, FL 33314</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Stanley G. Rosenbaum VP/CFO 4/30/01 954-583-0546  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0041857

CR2E034 (10/00)