## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 10, 2001 8:00 am DOCUMENT # P93000032425 Secretary of State ORANGE AREA INVESTMENTS, INC. 04-10-2001 90024 010 \*\*\*150.00 Principal Place of Business Mailing Address 3000 WESSEX STREET PO BOX 536394 UUU4/352 ORLANDO FL 32803 ORLANDO FL 32853-6394 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3185236 ORLANDO, FL. Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent: = -Street Address (P.O. Box Number is Not Acceptable) 16/9 CHRNY FORD BERRY, EDWARD R 3000 WESSEX STREET ORLANDO FL 32803 City ORL A-DO 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. EDWARD R. Berry U:ce Paes, 1-16-01 (NOTE: Registered Agent signature required Men reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. vsn CR2E034 (10/00) ☐ Delete TITLE BERRYIEDWARD R. 1619 CURRY FORD RO BERRY, EDWARD R. NAME 3000 WESSEX ST STREET ADDRESS STREET ADDRESS ORLANDO, F1. 32806 ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP PTD TITLE TITLE BERRY, DAVID I BERRYIDAVIA I NAME NAME ORLANDO, FL 32806 3000 WESSEX STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TÜTLE Titi F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

DAUIN I, BEARY 1-16-01 407/896-5459

Date Daviere Phone #