

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90034 017 \*\*\*150.00

**DOCUMENT # P94000011598**

1. Entity Name

**ORAGE CORPORATION**

Principal Place of Business

**9790 66TH STREET  
 LOT 164  
 PINELLAS PARK FL 33782  
 US**

Mailing Address

**210 MAIN STREET  
 MANCHESTER CT 06040**

00027039



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9790 66th Street North**

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3353512**

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

**LOZIER, BERNARD A  
 9790 66TH STREET NORTH  
 LOT 164  
 PINELLAS PARK FL 33782**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete  
 NAME **LOZIER, JAMES P**  
 STREET ADDRESS **9790 66TH STREET NORTH LOT 164**  
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **TD** ☐ Delete  
 NAME **LALANCETTE, GERARD A**  
 STREET ADDRESS **151 ELDRIDGE STREET**  
 CITY-ST-ZIP **MANCHESTER CT 06040**

TITLE **D** ☐ Delete  
 NAME **LUZZI, JOSEPH F**  
 STREET ADDRESS **323 COUNTRY CLUB ROAD**  
 CITY-ST-ZIP **AVON CT 06001**

TITLE **SD** ☐ Delete  
 NAME **WILLIAMS, MELVIN P**  
 STREET ADDRESS **210 MAIN STREET**  
 CITY-ST-ZIP **MANCHESTER CT 06040**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V/D** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **P/D** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
 NAME **Asst. ST/D**  
 STREET ADDRESS **David F. Neil**  
 CITY-ST-ZIP **1883 Sunset Woods Ct. Clearwater, FL 33763**

TITLE ☐ Change ☒ Addition  
 NAME **Asst. S**  
 STREET ADDRESS **Barbara D. Cecere**  
 CITY-ST-ZIP **210 Main Street Manchester, CT 06040**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Melvin P. Williams** 3/16/01 860-649-0305

Date

Daytime Phone #

CR2E034 (10/00)