

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90082 049 ***150.00

DOCUMENT # P94000011598

1. Entity Name

ORAGE CORPORATION

Principal Place of Business

Mailing Address

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

**210 MAIN STREET
MANCHESTER CT 06040**

2. Principal Place of Business

1883 Sunset Woods Ct

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

4. FEI Number

59-3353512

Applied For

Not Applicable

Zip

33763

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

LOZIER, BERNARD A

9790 66TH STREET NORTH

LOT 164

PINELLAS PARK FL 33782

Name

David F. Neil

Street Address (P.O. Box Number is Not Acceptable)

1883 Sunset Woods Ct

City

Clearwater

FL

Zip Code
33763

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

David F. Neil

David F. Neil

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/02

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, 2002 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 | <input type="checkbox"/> Delete |
|-------|----------------------|--------------------------------|------------------------|---------------------------------|
| VD | LOZIER, JAMES P | 9790 66TH STREET NORTH LOT 164 | PINELLAS PARK FL 33782 | <input type="checkbox"/> |
| TD | LALANCETTE, GERARD A | 151 ELDRIDGE STREET | MANCHESTER CT 06040 | <input type="checkbox"/> |
| PD | LUZZI, JOSEPH F | 323 COUNTRY CLUB ROAD | AVON CT 06001 | <input type="checkbox"/> |
| SD | WILLIAMS, MELVIN P | 210 MAIN STREET | MANCHESTER CT 06040 | <input type="checkbox"/> |
| ASTD | NEIL, DAVID F | 1883 SUNSET WOODS CT | CLEARWATER FL 33763 | <input type="checkbox"/> |
| AS | CECERE, BARBARA D | 210 MAIN STREET | MANCHESTER CT 06040 | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

Melvin P. Williams

Melvin P. Williams 4/17/02 860-649-0305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)