

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90376 025 ***150.00

DOCUMENT # P94000060388

1. Entity Name
ORLANDO LINENS 'N THINGS, INC. # 450

Principal Place of Business BRIGHTON RD P. O. BOX 5108 CLIFTON NJ 07015	Mailing Address 6 BRIGHTON RD P. O. BOX 5108 CLIFTON NJ 07015-5108 US
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LUU77555



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-2137533	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
 1201 HAYES STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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 _____ (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, 2000 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 P	<input type="checkbox"/> Delete
NAME AXELROD, NORMAN	
STREET ADDRESS 6 BRIGHTON RD	
CITY-ST-ZIP CLIFTON NJ 07015	
TITLE VD	<input type="checkbox"/> Delete
NAME GILES, WILLIAM	
STREET ADDRESS 6 BRIGHTON RD	
CITY-ST-ZIP CLIFTON NJ 07015	
TITLE S	<input type="checkbox"/> Delete
NAME DICK, DAVID	
STREET ADDRESS 6 BRIGHTON RD	
CITY-ST-ZIP CLIFTON NJ 07015	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREASURER
STREET ADDRESS	ADRIENNE URBAN
CITY-ST-ZIP	6 BRIGHTON RD. CLIFTON, NJ 07015
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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.

SIGNATURE: *x Adrienne Urban* **ADRIENNE URBAN** 4/15/00 778-1300 (973)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER** Date Daytime Phone #

CR2E034 (9/99)