

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90006 003 ***150.00

DOCUMENT # P94000077409

1. Entity Name
ORLANDO SPECIALTY FOODS, INC.

Principal Place of Business
5275 RED BUG LAKE RD #109
WINTER SPRINGS FL 32708
US

Mailing Address
5275 RED BUG LAKE RD #109
WINTER SPRINGS FL 32708
US

2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3272942**

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

SHEARN, GREG W
1130 POINTE NEWPORT TERR #110
CASSELBERRY FL 32707

Name *Denise CALIO*
 Street Address (P.O. Box Number is Not Acceptable)

107 Seville Chase DR.
 City *Winter Springs* **FL** Zip Code *32708*

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 *Denise Calio*

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☒ Delete
 NAME **VP SHEARN, GREG**
 STREET ADDRESS **1130 POINTE NEWPORT TERR #110**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

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

TITLE ☒ Delete
 NAME **S SHEARN, JEFF**
 STREET ADDRESS **3679 DERBYSHIRE RD #105**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

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

TITLE ☐ Delete
 NAME **O CALIO, CHRIS**
 STREET ADDRESS **107 SEVILLE CHASE DR**
 CITY-ST-ZIP **WINTER SPRGS FL 32708**

TITLE ☒ Change ☐ Addition
 NAME *Vice President*
 STREET ADDRESS *Christopher Calio*
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PRES CALIO, DENISE**
 STREET ADDRESS **107 SEVILLE CHASE DR**
 CITY-ST-ZIP **WINTER SPRGS FL 32708**

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

TITLE ☒ Delete
 NAME **T HEADLEE, JUDY A**
 STREET ADDRESS **5500 SE 42ND CT**
 CITY-ST-ZIP **OCALA FL 34480**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Denise Calio*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

June 25 2001 *407 696 5339*

CR2E034 (5/01)

Atchmar

To whom it may Concern

DOC # P14-0007746

CO073538

In January 2001 my accountant
sent me Check number 1101 For 150.00

In Receiving to notice of nonpayment I
called to find out the check has never
cleared my Bank. I'm in the process of
researching this situation

I have taken the liberty of sending a new
check in hope that you will honor it.

Sincerely
Don K

(407) 699 4466