

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90263 041 ***150.00

DOCUMENT # P95000081419

1. Entity Name

ORCHID ISLAND PROPERTY MANAGEMENT, INC.

Principal Place of Business 878 17th STREET VERO BEACH, FL 32960	Mailing Address 878 17th STREET VERO BEACH, FL 32960
--	--

2. Principal Place of Business
1500 14th AVENUE

3. Mailing Address
P.O. BOX 5068

Suite, Apt. #, etc.
SUITE B

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
VERO BEACH, FL

City & State
VERO BEACH

4. FEI Number
65-0617001

Applied For
Not Applicable

Zip
32960

Country

Zip
32961-5068

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

PEGG, ROBERT L.
1428 21st STREET
VERO BEACH, FL 32960

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME FULFORD, E. PERRY
STREET ADDRESS 1450 74th AVENUE SW
CITY - ST - ZIP VERO BEACH, FL 32968

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

TITLE D ☐ Delete
NAME DAVIS, BOB
STREET ADDRESS 1450 74th AVENUE SW
CITY - ST - ZIP VERO BEACH, FL 32968

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT R. DAVIS III

04/28/01 561-567-2264

Date

Daytime Phone #