

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000054552**

1. Entity Name
ORTEGA INDUSTRIES, INC.

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90009 035 ***150.00

0565614 AT

Principal Place of Business
**369-D EAST RIVER RD.
EAST PALATKA FL 32131**

Mailing Address
**P.O. BOX 307
EAST PALATKA FL 32131**



2. Principal Place of Business
391 East River Rd.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
The County changed the #
Zip Country

City & State
Zip Country

4. FEI Number
59-3390731

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OWEN, JOHN P
369-D EAST RIVER RD. 391
EAST PALATKA FL 32131

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 *John P Owen*

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, 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

TITLE **P** ☐ Delete
NAME **OWEN, JOHN P**
STREET ADDRESS **P.O. BOX 307**
CITY-ST-ZIP **EAST PALATKA FL 32131**

TITLE **V** ☐ Delete
NAME **OWEN, LEILANI**
STREET ADDRESS **P.O. BOX 526**
CITY-ST-ZIP **EAST PALATKA FL 32131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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: *John P Owen* *John P Owen* **1-7-02** **386 325 7355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/11/2002 10:01