

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067988

1. Entity Name

ORANGE BLOSSOM CAFE, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90345 032 ***150.00

Principal Place of Business

4200 US HWY 27 N
SUITE 122, 2 GREENTREE CNTR., ROUTE 73
DAVENPORT FL 33837
US

Mailing Address

4200 US HWY 27 N
SUITE 122, 2 GREENTREE CNTR., ROUTE 73
DAVENPORT FL 33837
US

2. Principal Place of Business

3. Mailing Address

4200 US HWY 27 N - DAVENPORT
Suite, Apt. #, etc.

141 VIA MARIEL E DR. DAVENPORT
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAVENPORT FLA

City & State

DAVENPORT FLA

4. FEI Number

59-3406510

Applied For

Not Applicable

Zip

33837

Country

POLK

Zip

33837

Country

POLK

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

~~DISTASIO, MARC S (MARC)~~
4200 US HWY 27 N
SUITE 200
DAVENPORT FL 33837

Name

DISTASIO, DORIS

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

141 VIA MARIEL E DR.

City

DAVENPORT FLA

FL

Zip Code

33837

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

Marc Distasio

4-20-01

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 DISTASIO, MARC S
STREET ADDRESS 4200 US HWY 27 N
CITY-ST-ZIP DAVENPORT FL

TITLE ☒ Change ☐ Addition
NAME DISTASIO, DORIS
STREET ADDRESS 141 VIA MARIEL E DR.
CITY-ST-ZIP DAVENPORT, FLA 33837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Doris Distasio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-01

CR2E034 (10/00)