

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073986

1. Entity Name
ORBIT COMMUNICATIONS, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State
01-30-2001 90006 006 ***150.00

Principal Place of Business
19127 POWELL RD
BROOKSVILLE FL 34609 **34604**

Mailing Address
19127 POWELL RD
BROOKSVILLE FL 34609 **34604**

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3399172** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DOUGHERTY, JOHN A
5465 COMMERCIAL WAY
SPRING HILL FL 34606

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City

8. The above named entity submits this statement for the purpose of changing its registered office or registered
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required w/

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

11. OFFICERS AND DIRECTORS		12.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRALLY, DENNIS 19127 POWELL RD BROOKSVILLE FL 34609 34604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: **DENNIS STRALLY** **1/10/01** **(727) 869-1946**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

NOTE:
Zip Code Has Changed
New Zip is:
34604
Thank you.

CR2E034 (10/00)