

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90033 026 ***150.00

DOCUMENT # *P97000100662*

1. Entity Name

ORBAN FOOD MART, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1166 S. Tamiami Tr.

Suite, Apt. #, etc.

3. Mailing Address

3722 EAGLE HAMMOCK dr.

Suite, Apt. #, etc.

City & State

DSPREY, FLA.

City & State

SARASOTA, FLA.

Zip

34229

Country

US

Zip

34240

Country

US

4. FEI Number

65-0797297

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

John Orban

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

3722 EAGLE HAMMOCK drive

City

SARASOTA

FL

Zip Code

34240-10

**DO NOT WRITE
IN THIS SPACE**

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)** ☒

**January 1 - May 1 Fee is \$150.00
After May 1; Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <i>John Orban</i> <i>3722 EAGLE HAMMOCK drive</i> <i>SARASOTA, FL 34240</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dr. John Orban 2/24/02 941-966-3354