FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90294 004 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096851

1. Entity Name: Orlando Atlantic Properties, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
485 Cardinal Oaks Ct	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Mary FL	City & State
Zip: 32746 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3506072 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: David W. Hoke

Street Address (P.O. Box Number is Not Acceptable): 485 Cardinal Oaks Ct

City: Lake Mary **FL** Zip Code: 32746

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	Pres James D. McCutchen PO Box 3226 Dunn, NC 28326
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P/Secy David W. Hoke 485 Cardinal Oaks Ct Lake Mary, FL 32746
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CR2E034B (12/01)

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: _____ David W Hoke 4/29/02 407/302-3823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #