

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017024

1. Entity Name

ORLANDO MILLWORK COMPANY

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90191 014 ***158.75

Principal Place of Business
4437 Old Winter Garden Road
2800A S. ORANGE BLOSSOM TRAIL
"A" Orlando, Florida 32811
ORLANDO FL 32805
US

Mailing Address
Road
2800A S. ORANGE BLOSSOM TRAIL
"A"
ORLANDO FL 32805-6170
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4437 Old Winter Garden Road
Suite, Apt. #, etc.

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

City & State
Orlando, Florida

City & State
Same

4. FEI Number 59-3495433

Applied For
Not Applicable

Zip 32811 Country Orange

Zip Same Country same

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

CASEY, DOMINIC
~~2800A S. ORANGE BLOSSOM TRAIL~~
~~ORLANDO FL 32805~~
4437 Old Winter Garden Road
Orlando, Florida 32811

Name Same
Street Address (P.O. Box Number is Not Acceptable)
4437 Old Winter Garden Road
City Orlando FL Zip Code 32811

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)

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	CASEY, DOMINIC	
STREET ADDRESS	2800A S. ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4437 Old Winter Garden Road	
CITY-ST-ZIP	Orlando, Florida 32811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2000 407/290-2930
Date Daytime Phone #

CR2E034 (9/99)