

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

55029840

DOCUMENT # P98000028431 1. Entity Name WELCOME TO ORLANDO, INC.		
Principal Place of Business 5260 WEST IRLLO BRONSON HIGHWAY SUITE 118 KISSIMMEE, FL 34746		Mailing Address 5260 WEST IRLLO BRONSON HIGHWAY SUITE 118 KISSIMMEE, FL 34746
2. Principal Place of Business 2701 SPIVEY LANE Suite, Apt. #, etc.	3. Mailing Address 2701 SPIVEY LANE Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State ORLANDO FL
Zip 32837	Country USA	4. FEI Number 59-3500448
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input checked="" type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent WRIGHT, MALCOLM J ESQ 2701 SPIVEY LANE ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: MALCOLM J WRIGHT		DATE: 4-21-03
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WRIGHT, MALCOLM J ESQ 5260 W IRLLO BRONSON HWY SUITE 118 KISSIMMEE, FL 34746	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: MALCOLM J WRIGHT		DATE: 4-21-03 TELEPHONE: 407-421-6660

CRREC04 (10/02)