

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90025 019 ***150.00

DOCUMENT # P98000030454

1. Entity Name

ORR LEGAL NURSE CONSULTANCY, INC.

Principal Place of Business

Mailing Address

**960 MOCKINGBIRD LANE
 #623
 PLANTATION FL 33324**

**960 MOCKINGBIRD LANE
 #623
 PLANTATION FL 33324-3439**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0829166**

Applied For

Not Applicable

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

**ORR, MAUREEN JANE
 11631 SW 125 COURT
 MIAMI FL 33186**

Name **ORR, MAUREEN JANE**

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

960 Mockingbird Lane

#623

City

Plantation, Fl.

FL

Zip Code

33324

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

Maureen Jane Orr

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/03/00

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** ☐ Delete
 NAME **ORR, MAUREEN J**
 STREET ADDRESS **960 MOCKINGBIRD LANE #623**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **ORR, STEVEN D**
 STREET ADDRESS **960 MOCKINGBIRD LANE #623**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **ORR, MAUREEN J**
 STREET ADDRESS **960 MOCKINGBIRD LANE #623**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **ORR, STEVEN D**
 STREET ADDRESS **960 MOCKINGBIRD LANE #623**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Add
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maureen Jane Orr*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/99 - 954-423-6971
 Date Daytime Phone #