FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91511 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056043

1. Entity Name
ORYNGE HYLL PRODUCTION, INC.

Principal Place of Business
5804 ALSTRUM DRIVE
PORT ORANGE, FL 32127

Mailing Address
~~5804 ALSTRUM DRIVE~~
~~PORT ORANGE, FL~~ 32127

PLEASE UP DATE

2. Principal Place of Business: 55 Spinwater Cir.
Suite, Apt. #, etc.
City & State: South Dayton A
Zip: 32119 Country:

3. Mailing Address: PO Box 214809
Suite, Apt. #, etc.
City & State: South Daytona, FL
Zip: 32121 Country: Volusia

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3519393 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
FRIEBIS, DANIEL S
3890 TURTLE CREEK DR.
SUITE B-1
PORT ORANGE, FL 32127

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

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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD	☐ Delete
NAME	VICTORY, GEORGE	
STREET ADDRESS	1644 RIDGE AVE	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE	PD	☐ Delete
NAME	WILIAMS, GEOFFREY	
STREET ADDRESS	5804 ALSTRUM DRIVE	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Geoffry Williams 4-24-03 (386)299-8710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #