

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90067 027 ***150.00

A0016724



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000058560																																						
1. Entity Name ORANGE BUSINESS FORMS, INC.																																						
Principal Place of Business 3561 LAKEMONT DR. BONITA SPRINGS FL 34134 US		Mailing Address 3561 LAKEMONT DR. BONITA SPRINGS FL 34134-7931 US																																				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																				
4. FEI Number 59-3523508		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																						
6. Name and Address of Current Registered Agent BARR, WILLIAM T 3561 LAKEMONT DR. BONITA SPRINGS FL 34134		7. Name and Address of New Registered Agent Name: BARR, EMEROY M Street Address (P.O. Box Number is Not Acceptable): 3561 LAKEMONT DR. City: BONITA SPRINGS FL Zip Code: 34134																																				
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: <i>Emeroy M Barr</i> EMEROY M. BARR, PRESIDENT 1-19-00 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																						
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		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 <input type="checkbox"/> \$5.00 May Be Added to Fees <small>Trust Fund Contribution.</small>																																						
11. OFFICERS AND DIRECTORS																																						
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																						
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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: <i>Emeroy M Barr</i>		1-19-00 941-498-701																																				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>																																				