

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2002 8:00 am
Secretary of State

08-29-2002 90005 046 ***550.00

DOCUMENT # P98000068463

1. Entity Name
ORLANDO PROCESS SERVICE, INC.

Principal Place of Business
1515 EAST LIVINGSTON ST
A
ORLANDO FL 32803

Mailing Address
1219 EASTON STREET
ORLANDO FL 32825



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1906 E. ROBINSON ST.
 Suite, Apt. #, etc.

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

City & State
ORLANDO, FLA

City & State

4. FEI Number **59-3526864**

Applied For
 Not Applicable

Zip **32803** Country **USA**

Zip Country

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

6. Name and Address of Current Registered Agent

POMEROY, NICOLE
1219 EASTON STREET
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name **EMIR HAYRIC**
 Street Address (P.O. Box Number is Not Acceptable)
1219 EASTON STREET
 City **ORLANDO** FL Zip Code **32825**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P HAYRIC, EMIR 1219 EASTON STREET ORLANDO FL 32825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (4/02)

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 REQUIRED EMIR HAYRIC 8-26-02 (407) 896-4508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #