


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90041 003 \*\*\*150.00

**DOCUMENT # P98000082149**

1. Entity Name  
**ORLANDO'S TOP SERVICES, INC.**



Principal Place of Business  
**5142 CHELWYN CT  
ORLANDO FL 32837**

Mailing Address  
**5142 CHELWYN CT  
ORLANDO FL 32837**

2. Principal Place of Business  
Suite, Apt. #, etc.

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

City & State

Zip Country Zip Country

4. FEI Number **59-3537944**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**POHL & SHORT  
280 W CANTON AVE  
STE 410  
WINTER PARK FL 32790**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SALAS, CECILIA</b> <b>5142 CHELWYN CT</b> <b>ORLANDO FL 32837</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SENIOR, MAGALY</b> <b>3956 TOWN CTR BLVD #118</b> <b>ORLANDO FL 32837</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SENIOR, MIGUEL</b> <b>3956 TOWN CTR BLVD #118</b> <b>ORLANDO FL 32837</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SENIOR, MIGUEL</b> <b>3956 TOWN CTR BLVD #118</b> <b>ORLANDO FL 32837</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** SIGNATURE REQUIRED **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 01/09/03 Daytime Phone #: 4078108080

CR2E034 (10/02)