

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092809

1. Entity Name
321 ORLANDO INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90043 041 ***150.00

Principal Place of Business
3531 MOONBEAM CT.
KISSIMMEE FL 34744

Mailing Address
3531 MOONBEAM CT.
KISSIMMEE FL 34744

2. Principal Place of Business
2575 Greenwood Dr.
Suite, Apt. #, etc.
Kissimmee FL
City & State

3. Mailing Address
P.O. BOX 430088
Suite, Apt. #, etc.
Kissimmee FL
City & State



DO NOT WRITE IN THIS SPACE

Zip
34743
Country
OSCEOLA

4. FEI Number 59-3549797
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAMANO, LINDA
3531 MOONBEAM CT.
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name
LINDA LAMANO
Street Address (P.O. Box Number is Not Acceptable)
2575 Greenwood
Kissimmee FL
City FL Zip Code 34743

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 Linda Lamano DATE 4/20/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0
LAMANO, LINDA
3531 MOONBEAM CT
KISSIMMEE FL 34744 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0
LINDA LAMANO
2575 Greenwood Dr.
Kissimmee FL 34743 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: Linda Lamano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/20/01 DAYTIME PHONE # 407-344-8887

CR2E034 (10/00)