

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023480

1. Entity Name

ORION I TRUCKING, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90006 030 ***150.00

Principal Place of Business

Mailing Address

7307 FOUNTAIN AVE.
TAMPA FL 33614

7307 FOUNTAIN AVE.
TAMPA FL 33634-3501

00010421

2. Principal Place of Business

4314 W ALVA ST.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

same

4. FEI Number

59-3562680

Applied For

Not Applicable

Zip

33614

Country

USA

Zip

same

Country

same

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIDONET, SUSAN
7307 FOUNTAIN AVE.
TAMPA FL 33614

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.

SIGNATURE: *Susan Didonet*
Signature, typed or printed name of registered agent and title if applicable

Susan Didonet President

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-00

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so: ☐

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VT	<input type="checkbox"/> Delete
NAME	GOMEZ, JORGE E	
STREET ADDRESS	7307 FOUNTAIN AVE.	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	PS	<input type="checkbox"/> Delete
NAME	DIDONET, SUSAN	
STREET ADDRESS	7307 FOUNTAIN AVE.	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

CR2E034 (9/99)