2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 02, 2001 08:00 AM P99000032059 DOCUMENT # 1. Entity Name **Secretary of State** ORSON DEVELOPMENT, INC. Principal Place of Business Mailing Address 10147 VESTAL COURT 10147 VESTAL COURT CORAL SPRINGS FL CORAL SPRINGS FL33071 33071 2. Principal Place of Business 3. Mailing Address 10147 VESTAL COURT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For CORAL SPRINGS 65-0916851 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALLACH BARBARA WALLACH BARBARA 10147 VESTAL CT Street Address (P.O. Box Number is Not Acceptable) 10147 VESTAL CT POMPANO BEACH FL33071 US City Zip Code CORAL SPRINGS 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. 04/02/2001 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition X Change MAME WALLACH BARBARA NAME WALLACH BARBARA 10147 VESTAL COURT STREET ADDRESS STREET ADDRESS 10147 VESTAL COURT CORAL SPRINGS CITY-ST-ZIP FL 33071 CITY-ST-ZIP CORAL SPRINGS 33071 D ☐ Delete TITLE ☐ Change NAME WALLACH PETER M NAME STREET ADDRESS 10147 VESTAL COURT STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Сhапде TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Barbara Wallach SIGNATURE: _ 04/02/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR