

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038921

1. Entity Name

ORION INVESTIGATIONS, INC.

Principal Place of Business

6327 FROST DRIVE
TAMPA FL 33625

Mailing Address

6327 FROST DRIVE
TAMPA FL 33625

2. Principal Place of Business

6327 FROST DRIVE

3. Mailing Address

6327 FROST DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33625

Country

HILLSBOROUGH

Zip

33625

Country

HILLSBOROUGH

4. FEI Number

59-3579314

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, CELESTE JO
6327 FROST DRIVE
TAMPA FL 33625

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.

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 \$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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PT
NAME CAFFEE, BRIAN H
STREET ADDRESS 6327 FROST DR
CITY-ST-ZIP TAMPA FL 33625

☐ Delete

TITLE VPS
NAME RODRIGUEZ, CELESTE JO
STREET ADDRESS 6327 FROST DR
CITY-ST-ZIP TAMPA FL 33625

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ 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)(f), 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:

Brian Caffee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/2001

Date

813-264-6603

Daytime Phone #

CR2E034 (10/00)

0352535

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90031 032 ***150.00



DO NOT WRITE IN THIS SPACE