

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90064 010 ***150.00

DOCUMENT # *P99000050301*

1. Entity Name

ORLANDO CUSTOM JWLRY + REPAIR, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7609 So. DBT

3. Mailing Address

Suite, Apt. #, etc. *SAME*

City & State

Orlando, FL 32809

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0938921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *Gregory L. Puzon*

Street Address (P.O. Box Number is Not Acceptable)

7103 Ferrier Ct.

City

Orlando

FL

Zip Code

32825

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 (file if applicable).

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<i>P Puzon, Gregory 7103 Ferrier Ct. Orlando, FL 32825</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>VP Victoria Q. Puzon 7103 Ferrier Ct. Orlando, FL 32825</i>
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02

Date

407-740-2878

Daytime Phone #

CR2E034B (12/01)