

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103039

1. Entity Name

ORLANDO COMPUTER SOLUTIONS, INC.

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90193 008 \*\*\*150.00

Principal Place of Business

Mailing Address

741 CITRUS GROVE DRIVE  
WINTER GARDEN FL 34787

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WINTER GARDEN FL 34787

9 5 3 5 7 7



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

741 CITRUS COVE DRIVE

3. Mailing Address

P.O. Box 1299

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER GARDEN, FL

City & State

OCOE, FL

4. FEI Number

59-3615489

Applied For

Not Applicable

Zip

Country

34787

USA

Zip

34761

Country

USA

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

KELLY, ROBERT J  
741 CITRUS GROVE DRIVE  
WINTER GARDEN FL 34787

Name

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

741 CITRUS COVE DRIVE

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 ROBERT J. KELLY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/2000

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P/T/S	ROBERT J. KELLY	741 CITRUS COVE DRIVE	WINTER GARDEN, FL 34787		

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:

ROBERT J. KELLY, PRES.

4/27/2000

407-654-0136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #