

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S14053**1. Entity Name
ORRNOCO, INC.

Principal Place of Business

**13727 SW 1ST LN
NEWBERRY FL 32669
US**

Mailing Address

**13727 SW 1ST LN
NEWBERRY FL 32669
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0233691**Applied For
Not Applicable5. 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

**ORR, SUZANNE L.
13727 SW 1ST LN
NEWBERRY FL 32669**

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. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ORR, SUZANNE L.	
STREET ADDRESS	13727 SW 1ST LN	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	S	<input type="checkbox"/> Delete
NAME	ORR, SUZANNE L.	
STREET ADDRESS	13727 SW 1ST LN	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ORR, JAMES A JR	
STREET ADDRESS	13727 SW 1ST LN	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Suzanne L. Orr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUZANNE L. ORR*1/10/01*

Date

352-332-9820

Daytime Phone #

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90007 003 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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