

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90503 003 ***150.00

0615030

DOCUMENT # S77283

1. Entity Name

ORCHID ISLAND TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

1130 OLD DOUBLOON DR
 VERO BEACH FL 32963

PO BOX 3566
 VERO BEACH FL 32964-3566

928515



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3120 N. A1A

(SAME AS ABOVE)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. 1505 (SO.)

P.O. BOX 3566

City & State

City & State

FT. PIERCE FL.

VERO BEACH, FL.

Zip

Country

Zip

Country

34949

U.S.A.

32964-3566

U.S.A.

4. FEI Number **65-0284903**

Applied For

☒ Not Applicable

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

VANDERVEER, JOYCE S.
1130 OLDE DOUBLOON DRIVE
P O BOX 3566
VERO BEACH FL 32964

Name **VANDERVEER, JOYCE S.** **(SAME)**

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

3120 N. A1A (SO. BLDG.)

APT. 1505 (SO.)

City

FT. PIERCE,

FL

Zip Code

34949

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

Joyce S. Vanderveer, Director

3/1/01

DATE

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 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 ☐ Delete
 NAME **D VANDERVEER, JOYCE S.**
 STREET ADDRESS **1130 OLDE DOUBLOON DR**
 CITY-ST-ZIP **VERO BEACH FL 32964**

TITLE ☒ Change ☐ Addition
 NAME **VANDERVEER, JOYCE S.**
 STREET ADDRESS **3120 N. A1A - APT. 1505 SO.**
 CITY-ST-ZIP **FT. PIERCE, FL 34949**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

Joyce S. Vanderveer, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/01 (561) 465-8103

Date

Daytime Phone #

CR2E034 (10/00)