

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S81593**

Entity Name

WEST ORANGE SECRETARIAL SERVICES, INC.**FILED****May 04, 2000 8:00 am**
Secretary of State

05-04-2000 90163 017 ***158.75

Principal Place of Business

P.O. BOX 770068

WINTER GARDEN FL 34777-0068

Mailing Address

P.O. BOX 770068

WINTER GARDEN FL 34777-0068

Principal Place of Business

3330. W. COLONIAL DR.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 130

Suite, Apt. #, etc.

City & State

WINTER GARDEN, FL

City & State

Zip

34787

Country

USA

Zip

Country

4. FEI Number

59-3086330

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HECK, LOU**1333 E HWY 50****WINTER GARDEN FL 34787**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

FILE NAME STREET ADDRESS CITY-ST-ZIP	PD LACEY, JO ANN 108 WINDTREE LANE WINTER GARDEN FL	<input type="checkbox"/> Delete
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FILE NAME STREET ADDRESS CITY-ST-ZIP	DST OLIVER, SHERRY J 1612 MAUREEN AVE OCFEE FL	<input type="checkbox"/> Delete
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FILE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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FILE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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FILE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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FILE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jo ANN LACEY 226 S. HIGHLAND AVE. WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Jo Ann Lacey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/28/00**
Date**407-877-0505**
Daytime Phone #