

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90208 005 ***158.75

DOCUMENT # S81593

1. Entity Name*

WEST ORANGE SECRETARIAL SERVICES, INC.

Principal Place of Business

**13330 W COLONIAL DR.
 SUITE 130
 WINTER GARDEN FL 34787**

Mailing Address

**P.O. BOX 770068
 WINTER GARDEN FL 34777-0068**

RC054746



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13340 W. Colonial Drive

3. Mailing Address

Suite, Apt. #, etc.
Suite 250

Suite, Apt. #, etc.

City & State

Winter Garden, FL

City & State

4. FEI Number **59-3086330**

Applied For

Not Applicable

Zip

34787

Country

USA

Zip

Country

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

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** ☐ Delete
 NAME **LACEY, JO ANN**
 STREET ADDRESS **226 S HIGHLAND AVE**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DST** ☒ Delete
 NAME **OLIVER, SHERRY J**
 STREET ADDRESS **1612 MAUREEN AVE**
 CITY-ST-ZIP **OCFEE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

407-877-0505

Daytime Phone #

Jo Ann Lacey, President

CR2E034 (10/00)