

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S99191

1. Entity Name

ORBITAL OF FORT MEYERS INC.

FILED**Jun 28, 2000 8:00 am**
Secretary of State

06-28-2000 90001 023 ***158.75

Principal Place of Business

36446 LESLYE LANE
EUSTIS FL 32736
US

Mailing Address

36446 LESLYE LANE
EUSTIS FL 32736-8890
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3098073

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, ROY - Deceased
8303 GOLDEN BEAR LOOP
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name

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

36446 Leslye Lane

EUSTIS

City EUSTIS

FL

Zip Code

32736

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, 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

TITLE	COB	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ROY L.	
STREET ADDRESS	8308 GOLDEN BEAR LOOP	
CITY - ST - ZIP	PORT RICHEY FL 34668	
TITLE	P	<input type="checkbox"/> Delete
NAME	DONALDSON, JAMES	
STREET ADDRESS	36446 LESLYE LANE	
CITY - ST - ZIP	EUSTIS FL 32736	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DONALDSON, ELIZABETH	
STREET ADDRESS	36446 LESLYE LANE	
CITY - ST - ZIP	EUSTIS FL 32736	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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STREET ADDRESS		
CITY - ST - ZIP		
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:

Elizabeth H. Donaldson Elizabeth Donaldson 4/24/00 (352) 589-0159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E034 (9/99)