


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90145 022 ***150.00

DOCUMENT # V45950

1. Entity Name
L'ORANGE AUTO SERVICE CENTER, INC.



Principal Place of Business
**1089 JOHN SIMMS PARKWAY
NICEVILLE FL 32578**

Mailing Address
**1089 JOHN SIMMS PARKWAY
NICEVILLE FL 32578**



2. Principal Place of Business
1089 John Sims Parkway
Suite, Apt. #, etc.

3. Mailing Address
1089 John Sims Parkway
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Niceville, FL

City & State
Niceville, FL

Zip
32578

Country

4. FEI Number
59-3130910

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

L'ORANGE, ROBERT
118 N. AVENUE
FREEPORT FL 32439

7. Name and Address of New Registered Agent

Name
L'Orange, Robert

Street Address (P.O. Box Number is Not Acceptable)
1089 John Sims Parkway

City
Niceville **FL** Zip Code
32578

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME L'ORANGE, ROBERT	
STREET ADDRESS 118 N. AVENUE	
CITY-ST-ZIP FREEPORT FL 32439	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1089 John Sims Parkway	
CITY-ST-ZIP Niceville, FL 32578	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert L'Orange* **4-25-03 850-678-2586**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SECRETARY OF STATE

CR2E034 (10/02)