

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90029 035 \*\*\*150.00

**DOCUMENT # J78761**

1. Entity Name

O.N., INC.

Principal Place of Business 13700 SUTTON PARK DR #535 JACKSONVILLE FL 32224 US	Mailing Address P.O. BOX 7177 JACKSONVILLE FL 32238-0177 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2835540</b>	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>BARTON, THOMAS L.</b> <b>13700 SUTTON PARK DRIVE, N.</b> <b>SUITE 535</b> <b>JACKSONVILLE FL 32224</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BARTON, JAMES G.</b> <del>224 KLEIN ROAD</del> <b>HIGHLANDS NC</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARTON, THOMAS L.</b> <b>13700 SUTTON PARK DRIVE, N. SUITE 535</b> <b>JACKSONVILLE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HOLMES, BEVERLY B.</b> <b>53 SOUTH NINE DRIVE</b> <b>PONTE VEDRA BCH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROWE, HERNDON E.</b> <del>ROUTE 2 BOX 2080</del> <del>CLARKESVILLE GA</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> <b>107 Hollyhurst Farm Rd.</b> <b>Clarkesville, GA 30523</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROWE, LANE M.</b> <del>ROUTE 2 BOX 2080</del> <del>CLARKESVILLE GA</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> <b>107 Hollyhurst Farm Rd.</b> <b>Clarkesville, GA 30523</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROWE, MICHAEL</b> <del>501 PELHAM DRIVE, #0205</del> <del>COLUMBIA SC</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> <b>Route 2 Box 166C</b> <b>Ridgeway, S.C. 29130</b>

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:** \_\_\_\_\_ **1/24/2000** **828-743-258**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 James G. Barton, Pres./Dir.  
Date Daytime Phone #