

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
 03-27-2001 90020 034 ***150.00

0457782

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
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2835540**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARTON, THOMAS L.
 13700 SUTTON PARK DRIVE, N.
 SUITE 535
 JACKSONVILLE FL 32224**

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

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	<input type="checkbox"/> Delete
NAME	BARTON, JAMES G.	
STREET ADDRESS	224 KLEIN ROAD	
CITY-ST-ZIP	HIGHLANDS NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARTON, THOMAS L.	
STREET ADDRESS	13700 SUTTON PARK DRIVE, N. SUITE 535	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOLMES, BEVERLY B.	
STREET ADDRESS	53 SOUTH NINE DRIVE	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROWE, HERNDON E.	
STREET ADDRESS	107 HOLLYHURST FARM RD.	
CITY-ST-ZIP	CLARKESVILLE GA 30523	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROWE, LANE M.	
STREET ADDRESS	107 HOLLYHURST FARM RD	
CITY-ST-ZIP	CLARKESVILLE GA 30523	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROWE, MICHAEL	
STREET ADDRESS	RTE 2 BOX 166C	
CITY-ST-ZIP	RIDGEWAY SC 29130	

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

13. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ **3/23/01** **828-743-2585**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
James G. Barton, Pres./Dir.

CR2E034 (10/00)