

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90125 041 \*\*\*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  
US

11011400



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**BARTON, THOMAS L.**  
13700 SUTTON PARK DRIVE, N.  
SUITE 535  
JACKSONVILLE FL 32224

4. FEI Number **59-2835540**  
Applied For  
 Not Applicable

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

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. 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	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	

11. 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	
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:**  **SIGNATURE REQUIRED** 4/22/03 828-743-2585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FORM 11

CR2E034 (10/02)