

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

0156829 AV

DOCUMENT # P02000093369

1. Entity Name
ON-LINE GROUP SERVICES, INC.



04-17-2003 90204 032 ***150.00

Principal Place of Business
**1246 FUNSTON ST
HOLLYWOOD FL 33020**

Mailing Address
**1246 FUNSTON ST
HOLLYWOOD FL 33020**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0639877

☒ Applied For

☐ Not Applicable

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

**SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLOOR
MIAMI FL 33145**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
WELSH, DALE J
1246 FUNSTON ST
HOLLYWOOD FL 33020** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ROBERT J MANCINI
448 Jersey Ave Apt 2
Jersey City NJ 07302** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

917-450-3194
917-921-8518

CR2E034 (10/02)