

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012230

1. Entity Name

ID.ON-DEMAND TECHNOLOGIES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

04-20-2000 90021 001 ***158.75

Principal Place of Business

Mailing Address

9414 PEBBLE GLEN AVE
TAMPA FL 33647

9414 PEBBLE GLEN AVE
TAMPA FL 33647-2440

2. Principal Place of Business

3. Mailing Address

9414 PEBBLE GLEN AVE

9414 PEBBLE GLEN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

VEGA, PETER
9414 PEBBLE GLEN AVE
TAMPA FL 33647

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

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

(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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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: PRESIDENT
NAME: P. VEGA
STREET ADDRESS: 9414 PEBBLE GLEN AVE
CITY-ST-ZIP: TAMPA FL 33647

TITLE: 1 - Vice President
NAME: MICHAEL AGUIRRE
STREET ADDRESS: 1708 LA FOREST AVE
CITY-ST-ZIP: SAFETY HARBOR FL 33695

TITLE: 2 - Vice President
NAME: GERRY MALYNDOWSKY
STREET ADDRESS: 17344 LAKE GEORGE LANE
CITY-ST-ZIP: ODESA FL 33556

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

813-973-2270

Daytime Phone #