

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90002 022 \*\*\*150.00

**DOCUMENT # P99000091416**  
 1. Entity Name  
**ON-HOLD INCORPORATED**

Principal Place of Business      Mailing Address  
**2205 CYPRESS BEND DRIVE SOUTH**      **2205 CYPRESS BEND DRIVE SOUTH**  
**APT. 407**      **APT. 407**  
**POMPANO BEACH FL 33069**      **POMPANO BEACH FL 33069**

2. Principal Place of Business      3. Mailing Address  
**4981 NW 6 Street**      **4981 NW 6 Street**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State  
**Coconut Creek FL**      **Coconut Creek FL**  
 Zip      Country      Zip      Country  
**33063**      **USA**      **33063**      **USA**

4. FEI Number      Applied For  
**65-0958860**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MISSALL, STEVEN STANLEY**  
**2205 CYPRESS BEND DRIVE SOUTH**  
**APT. 407**  
**POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent  
 Name      **Steven Stanley Missall**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4981 NW 6 Street**  
 City      **Coconut Creek**      **FL**      Zip Code      **33063**

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]* **STEVEN S. MISSALL**      DATE: **4/5/00**  
(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, 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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEVEN S MISSALL</b>
STREET ADDRESS	<b>4981 NW 6 STREET</b>
CITY-ST-ZIP	<b>Coconut Creek FL 33063</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SIT Krista Missall</b>
STREET ADDRESS	<b>4981 NW 6 ST</b>
CITY-ST-ZIP	<b>Coconut Creek FL 33063</b>
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 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]* **STEVEN S. MISSALL**      Date: **4/5/00**      Daytime Phone #: **(954) 9710028**  
(Signature and typed or printed name of signing officer or director)

CR2E034 (9/99)