2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2000 8:00 am
Secretary of State
07-20-2000 90026 004 ***550.00

DOCUMENT # P95000093890

1. Entity Name

ON-LINE COMMUNICATIONS OF ORLANDO, INC. ✓

A00068894

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
11811 WHISPERING TREE AVE ORLANDO FL 32837 US	11811 WHISPERING TREE AVE ORLANDO FL 32837 US

2. Principal Place of Business	3. Mailing Address
14998 TAFT-Vineland Rd.	14117 74th St. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando. Fl.	City & State: Loxahatchee Fl.
Zip: 32819 Country: USA	Zip: 33470 Country: USA

4. FEI Number 59-3336623 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CANATSEY, TAMARA L
11811 WHISPERING TREE AVE
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name: CANATSEY, TAMARA L
Street Address (P.O. Box Number is Not Acceptable): 14117 74th St. N.
City: Loxahatchee FL Zip Code: 33470

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS CANATSEY, TAMARA L. 11811 WHISPERING TREE AVE ORLANDO FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT CANATSEY, LAWRENCE J. 11811 WHISPERING TREE AVE ORLANDO FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 REQUIRED 7-18-00, 561-792-2949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #