

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A96000001213**

1. Entity Name

ON-LINE VENTURES SONNET, LTD.

FILED

01 JAN 22 AM 10:20

Principal Place of Business

6000-A SAWGRASS VILLAGE CIRCLE, SUITE 3
PONTE VEDRA BEACH FL 32082

Mailing Address

6000-A SAWGRASS VILLAGE CIRCLE, SUITE 3
PONTE VEDRA BEACH FL 32082

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

151 Sawgrass Corners Dr.
Suite, Apt. #, etc.
Suite 206
City & State
Ponte Vedra FL

3. Mailing Address

151 Sawgrass Corners Drive
Suite, Apt. #, etc.
Suite 206
City & State
Ponte Vedra FL

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3385830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAX CO.
C/O MAHONEY ADAMS & CRISER, P.A.
50 NORTH LAURA STREET, 3400 BARNETT CENTER
JACKSONVILLE FL 32202

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$226,998.80

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P93000079490
NAME ON-LINE VENTURES, INC.
STREET ADDRESS 6000-A SAWGRASS VILLAGE CIRCLE, SUITE 3
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-16-01 904-273-8290

CR2E003 (11/00)