

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90154 046 ***550.00

DOCUMENT # F01000005129

1. Entity Name
ORBIS ONLINE, INC.

(P)

Principal Place of Business
100 NE LOOP 410
STE 500
SAN ANTONIO TX 78216

Mailing Address
100 NE LOOP 410
STE 500
SAN ANTONIO TX 78216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **74-2924419**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
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 \$550.00
After September-13, 2002 Fee 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	PCD	<input type="checkbox"/> Delete
NAME	STRADER, JAMES	
STREET ADDRESS	100 NE LOOP 410 STE 500	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAIR, DANNY G	
STREET ADDRESS	100 NE LOOP 410 STE 500	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORNE, DAVID	
STREET ADDRESS	100 NE LOOP 410 STE 500	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBB, CHARLES	
STREET ADDRESS	21806 BEAVER BEND	
CITY-ST-ZIP	SAN ANTONIO TX	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *SK Danny G Hair*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/02 (210) 576-7600
 Date Daytime Phone #

CR2E034 (4/02)