

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90029 035 \*\*\*150.00

DOCUMENT # J78761

1. Entity Name

O.N., INC.

Principal Place of Business

13700 SUTTON PARK DR  
#535  
JACKSONVILLE FL 32224  
US

Mailing Address

P.O. BOX 7177  
JACKSONVILLE FL 32238-0177  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2835540

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTON, THOMAS L.  
13700 SUTTON PARK DRIVE, N.  
SUITE 535  
JACKSONVILLE FL 32224

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

TITLE PD  
NAME BARTON, JAMES G.  
STREET ADDRESS 224 KLEIN ROAD  
CITY-ST-ZIP HIGHLANDS NC ☐ Delete

TITLE D  
NAME BARTON, THOMAS L.  
STREET ADDRESS 13700 SUTTON PARK DRIVE, N. SUITE 535  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE SD  
NAME HOLMES, BEVERLY B.  
STREET ADDRESS 53 SOUTH NINE DRIVE  
CITY-ST-ZIP PONTE VEDRA BCH FL ☐ Delete

TITLE D  
NAME ROWE, HERNDON E.  
STREET ADDRESS ROUTE 2 BOX 2080  
CITY-ST-ZIP CLARKESVILLE GA ☐ Delete

TITLE D  
NAME ROWE, LANE M.  
STREET ADDRESS ROUTE 2 BOX 2080  
CITY-ST-ZIP CLARKESVILLE GA ☐ Delete

TITLE D  
NAME ROWE, MICHAEL  
STREET ADDRESS 501 PELHAM DRIVE, #0205-  
CITY-ST-ZIP COLUMBIA SC ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Delete  
NAME  
STREET ADDRESS 107 Hollyhurst Farm Rd.  
CITY-ST-ZIP Clarkesville, GA 30523

TITLE ☒ Change ☐ Delete  
NAME  
STREET ADDRESS 107 Hollyhurst Farm Rd.  
CITY-ST-ZIP Clarkesville, GA 30523

TITLE ☒ Change ☐ Delete  
NAME  
STREET ADDRESS Route 2 Box 166C  
CITY-ST-ZIP Ridgeway, S.C. 29130

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

James G. Barton, Pres./Dir.

1/24/2000

Date

828-743-258

Daytime Phone #