

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91492 028 \*\*\*150.00

DOCUMENT # J95294

1. Entity Name

ON-LINE SYSTEMS, INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

HOME

Suite, Apt. #, etc.

3027 Windchime Cir. N.

City & State

Apopka, FL 32703

Zip

32703

Country

USA

3. Mailing Address

P.O. Box 915713

Suite, Apt. #, etc.

City & State

Longwood, FL 32791

Zip

32791

Country

USA

4. FEI Number

59-2854690

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Dorothy L. Baumgardner

Street Address (P.O. Box Number is Not Acceptable)

3027 Windchime Cir. N.

City

Apopka

FL

Zip Code

32703

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President  
Dorothy L. Baumgardner  
3027 Windchime Cir. N.  
Apopka, FL 32703

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dorothy L. Baumgardner* Dorothy L. Baumgardner 04/25/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-869-8844

Daytime Phone #

CR2E034B (12/02)