2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
04-17-2001 90049 030 ***150.00

642121

DO NOT WRITE IN THIS SPACE

DOCUMENT # K24192

1. Entity Name
ONLINE SERVICES, INC.

Principal Place of Business	Mailing Address
6835 SUNSET STRIP SUNRISE FL 33313 US	6835 SUNSET STRIP SUNRISE FL 33313 US

2. Principal Place of Business		3. Mailing Address	
4103 N. STATE ROAD 7		4103 N. STATE ROAD 7	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LAUDERDALE LAKES, FL		City & State: LAUDERDALE LAKES, FL	
Zip: 33319	Country: USA	Zip: 33319	Country: USA

4. FEI Number 65-0124818 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, SHELDON H.
6835 SUNSET STRIP
SUNRISE FL 33313

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4103 N. STATE ROAD 7

City LAUDERDALE LAKES **FL** Zip Code 33319

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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HILL, SHELDON H.		NAME		
STREET ADDRESS	3341 INVERRARY BLVD WEST		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33319		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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] SHELDON HILL 4/12/01 (954) 677-0649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #