

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90583 014 ****55.00

0062979

DOCUMENT # L02000028820

1. Entity Name
ONS-SERVICES, LLC



Principal Place of Business
5909 21ST STREET EAST
BRADENTON FL 34206

Mailing Address
5909 21ST STREET EAST
BRADENTON FL 34206

2. Principal Place of Business

3. Mailing Address

2123 Whitfield Park Ave.

P.O. Box 1049

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Tallahassee, FL

4. FEI Number
06-1658556

Applied For
Not Applicable

Zip
34243

Country
USA

Zip
34270

Country
USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORLICK, MICHAEL D
1314 EAST VENICE AVENUE, SUITE D
VENICE FL 34292

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SMITH, LINDA C
5909 21ST STREET EAST
BRADENTON FL 34206 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SMITH, LINDA C
2123 Whitfield Park Ave.
Sarasota, FL 34243 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SMITH, JERALD H
5909 21ST STREET EAST
BRADENTON FL 34206 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SMITH, JERALD H.
2123 Whitfield Park Ave.
Sarasota, FL 34243 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Linda C. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/21/03 941-358-8195
Date Daytime Phone #

CR2E083 (10/02)