


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

| | | | |
|--|---------------------------|---|--------------------------|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | |
| 1. Name and Mailing Address of Limited Liability Company UP-ONLINE, LLC. 440 CARTAGENA STREET PUNTA GORDA FL 33983-5867 | | DOCUMENT # L97000000951 | |
| 2. Principal Place of Business 440 CARTAGENA ST Suite, Apt. #, etc. Punta Gorda, FL Zip 33983 Country Charlotte | | 2a. Mailing Address 440 CARTAGENA ST Suite, Apt. #, etc. Punta Gorda, FL Zip 33983 Country Charlotte | |
| 3. Date Organized or Qualified 09/02/1997 | | 3a. State of Formation FL | |
| 4. FEI Number NONE | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Date of Last Report NONE | | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | |
| 7. Name and Address of Current Registered Agent HEICK, TY J 440 CARTAGENA STREET PUNTA GORDA FL 33983 | | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 800002515578--1 Suite, Apt. #, etc. -05707738--01082--024 City FL Zip Code ****188.75 ****188.75 | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE <u><i>Ty J. Heick</i></u> Ty J. HEICK DATE 4-22-98 <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
| MGRM | HEICK, TY J | 440 CARTAGENA STREET | PUNTA GORDA FL |
| MGRM | ROWLAND, PATRICIA A | 440 CARTAGENA STREET | PUNTA GORDA FL |

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Ty J. Heick* **Ty J. HEICK** 4-22-98 941-629-8224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #