

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97000000951**

1. Entity Name
UP-ONLINE.COM, LLC.

FILED

01 FEB -9 PM 2:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**440 CARTAGENA STREET
PUNTA GORDA FL 33983-5867**

Mailing Address
**440 CARTAGENA STREET
PUNTA GORDA FL 33983-5867**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**
Applied For
Not Applicable

Zip Country Zip Country

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

**HEICK, TY J
440 CARTAGENA STREET
PUNTA GORDA FL 33983-5867**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

**000003743450--3
-02/20/01--01081--003
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME **MGRM HEICK, TY J** ☐ Delete
STREET ADDRESS **440 CARTAGENA STREET**
CITY-ST-ZIP **PUNTA GORDA FL 33983-5867**

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

TITLE NAME **MGRM ROWLAND, PATRICIA A** ☐ Delete
STREET ADDRESS **440 CARTAGENA STREET**
CITY-ST-ZIP **PUNTA GORDA FL 33983-5867**

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-1-01 941-629-8234
Date Daytime Phone #

CR2E083 (11/00)