

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1'

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91300 030 \*\*\*\*61.25

**DOCUMENT # N00000005631**

1. Entity Name

ONTPA, INC.

*(Handwritten: CR)*

Principal Place of Business

Mailing Address

P.O. BOX 947719  
 MAITLAND FL 32794-7719

P.O. BOX 947719  
 MAITLAND FL 32794-7719

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593674794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARDIN, RICK  
 1272 WELLINGTON TERRACE  
 MAITLAND FL 32751

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

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

(NOTE: Registered Agent signature required when rechartering)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARDIN, RICK	
STREET ADDRESS	1272 WELLINGTON TERRACE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLAUS, DAVID	
STREET ADDRESS	3075 CRANE STRAND DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REES, ED	
STREET ADDRESS	323 LAURENBURG LANE	
CITY-ST-ZIP	OCFEE FL 34761	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	LEVINE, CARA	
STREET ADDRESS	645 JAMESTOWN BLVD #2124	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN J. O'SULLIVAN	
STREET ADDRESS	733 CROSS BOW LANE	
CITY-ST-ZIP	SAWFOED, FL 32773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2001

Date

407-647-7787

Daytime Phone #

CR2E037 (10/00)