


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90161 003 ****61.25

DOCUMENT # N00000005631	
1. Entity Name ONTPA, INC.	

Principal Place of Business P.O. BOX 947719 MAITLAND FL 32794-7719	Mailing Address P.O. BOX 947719 MAITLAND FL 32794-7719
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3674794	Applied For
	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
HARDIN, RICK 1272 WELLINGTON TERRACE MAITLAND FL 32751

7. Name and Address of New Registered Agent
Name REES, ED
Street Address (P.O. Box Number is Not Acceptable) 323 LAURENBURG LN
City OCOEE FL Zip Code 32761

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 	DATE 2/12/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD NAME HARDIN, RICK STREET ADDRESS 1272 WELLINGTON TERRACE CITY-ST-ZIP MAITLAND FL 32751	<input checked="" type="checkbox"/> Delete
TITLE VD NAME CLAUD, DAVID STREET ADDRESS 3075 CRANE STRAND DRIVE CITY-ST-ZIP WINTER PARK FL 32792	<input checked="" type="checkbox"/> Delete
TITLE SD NAME REES, ED STREET ADDRESS 323 LAURENBURG LANE CITY-ST-ZIP OCOEE FL 32761	<input checked="" type="checkbox"/> Delete
TITLE DT NAME O'SULLIVAN, STEVEN J STREET ADDRESS 1462 TWIN LWAF LANE CITY-ST-ZIP OVIEDO FL 32766	<input checked="" type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME REES, ED STREET ADDRESS 323 LAURENBURG LN CITY-ST-ZIP OCOEE, FL 32761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME ANTHONY LINCOLN STREET ADDRESS 646 MAGNOLIA DRIVE CITY-ST-ZIP MAITLAND, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME CHARLOTTE SCHULT STREET ADDRESS 1043 KELLY CREEK CR CITY-ST-ZIP OVIEDO, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT NAME CLAUD, DAVID R. STREET ADDRESS 1851 MOHAWK TRAIL CITY-ST-ZIP MAITLAND, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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	2/13/03 407/843-6552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E037 (10/02)