

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000012668**1. Entity Name
OTDNOW.COM, INC.**Principal Place of Business**

5117 CASTELLO DR., STE. 1

NAPLES
34103

FL

Mailing Address

5117 CASTELLO DR., STE. 1

NAPLES
34103

FL

2. Principal Place of Business

11499 MALLARD COURT

3. Mailing Address

11499 MALLARD COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES

FL

City & State

NAPLES

FL

4. FEI Number**65-0978513****Applied For**☐ Not Applicable**Zip**
34119**Country****Zip**
34119**Country****5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**AMEIRCAN INFORMATION SERVICE, INC.
350 E. LAS OLAS BLVD., STE. 1600FT. LAUDERDALE
33301

US

FL

7. Name and Address of New Registered Agent**Name**

HIRMAN ARLAND E

Street Address (P.O. Box Number is Not Acceptable)

11499 MALLARD COURT

City
NAPLES

FL

Zip Code
34119

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 **ARLAND E. HIRMAN****02/20/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPST	☐ Change ☒ Addition
NAME	HIRMAN ARLAND E	
STREET ADDRESS	11499 MALLARD COURT	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arland E. Hirman

CPST

02/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)