

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91460 027 ***150.00

0697734 FP

DOCUMENT # P00000026599

1. Entity Name

WOW ONLINE, INC.



Principal Place of Business
6920 PHILLIPS INDUSTRIAL BLVD.
JACKSONVILLE FL 32256

Mailing Address
1050 NOETHHEIS CT
STE 365
ROSWELL GA 30076

incorrect



2. Principal Place of Business

~~1050 NOETHHEIS CT~~

3. Mailing Address

1050 NOETHHEIS CT

Suite, Apt. #, etc.

~~Suite 365~~

Suite, Apt. #, etc.

Suite 365

City & State

~~ROSWELL, GA~~

City & State

ROSWELL, GA

Zip

~~30076~~

Country

~~USA~~

Zip

30076

Country

USA

4. FEI Number

59-3648171

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FRAZIER, W. ROBINSON
1515 RIVERSIDE AVE., STE. A
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	OKEEFE, CARYN	
STREET ADDRESS	1805 RIVERSIDE RD	
CITY-ST-ZIP	ROSWELL GA 30076	
TITLE	ST	<input type="checkbox"/> Delete
NAME	O'KEETE, RICHARD T	
STREET ADDRESS	1805 RIVERSIDE RD	
CITY-ST-ZIP	ROSWELL GA 30076	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RIECH, ROBERT	
STREET ADDRESS	3122 LEE PL	
CITY-ST-ZIP	BELLMORE NY	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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 607, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/03

CR2E034 (10/02)