

2001 UNIFORM BUSINESS REPORT (UBR)

10F2

DOCUMENT # P00000053246

1. Entity Name
ASSISTANT-ONLINE, INC.

FILED

01 NOV -5 PM 4:57

Principal Place of Business
2501 S. OCEAN DR., SUITE 1524
HOLLYWOOD FL 33019

Mailing Address
2501 S. OCEAN DR., SUITE 1524
HOLLYWOOD FL 33019

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
408 NE 7th Avenue #8
Suite, Apt. #, etc.
Ft. Lauderdale, FL
City & State

3. Mailing Address
408 NE 7th Avenue
Suite, Apt. #, etc.
#8
City & State
Ft. Lauderdale, FL

4. FEI Number
65-1024972
Applied For
Not Applicable

Zip
33301
Country
USA

Zip
33301
Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RYAN, TRACIE A
2501 S. OCEAN DR., SUITE 1524
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name
Tracie A. Ryan
Street Address (P.O. Box Number is Not Acceptable)
408 NE 7th Avenue, #8
City Ft. Lauderdale FL Zip Code 33301

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 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, TRACIE A		NAME		
STREET ADDRESS	408 NE 7th Avenue		STREET ADDRESS		
CITY-ST-ZIP	2501 S. OCEAN DR., SUITE 1524 #8		CITY-ST-ZIP		
	HOLLYWOOD FL 33019				
	Ft. Lauderdale, FL 33301	<input type="checkbox"/> Delete			
TITLE			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	500004699185--2	
STREET ADDRESS			STREET ADDRESS	-11/30/01--01010--001	
CITY-ST-ZIP			CITY-ST-ZIP	****150.00 ****150.00	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

3. 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: J A P

Date: 8/16/01 Phone: 954-558-6540

REMAINDER NOV 28 2001

2082

assistant-online, inc.

408 ne 7th Avenue, #8
fort Lauderdale, fl 33301
954.558.6540

August 16, 2001

Division of Corporation
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302.1500

RE: Florida Corporation – Assistant-Online, Inc.

To Whom It May Concern:

I mailed my UBR Form with the \$150.00 fee in April, 2001. In reviewing my bank records, I found the check had not been cashed so I called your office today to find out the form and check were NOT received. I was instructed to make a copy of my previous form, white-out the signature and date, resign and date the form, and enclose another check along with this letter.

So attached, is the UBR form along with the \$150.00 filing fee.

Should you have any questions, please feel free to contact me at 954-558-6540.

Respectfully submitted,



Tracie A. Ryan
President

attachments