

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055341

1. Entity Name

ON LINE BIZ NOW, INC.

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90032 042 ***150.00

0537538 AV

Principal Place of Business

264 HAMPSHIRE AVE.
 SPRING HILL FL 34606

Mailing Address

264 HAMPSHIRE AVE.
 SPRING HILL FL 34606

2. Principal Place of Business

16110 FLIGHT PATH DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

City & State

4. FEI Number

59-3667041

Applied For

Not Applicable

Zip

34604

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MARMET, RANDY
 264 HAMPSHIRE AVE.
 SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name **RANDY MARMET**
 Street Address (P.O. Box Number is Not Acceptable)
 16110 FLIGHT PATH DR
 City **BROOKSVILLE** FL Zip Code **34604**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/02

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	MARMET, RANDY	
STREET ADDRESS	264 HAMPSHIRE AVE.	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARMET, YVONNE	
STREET ADDRESS	264 HAMPSHIRE AVE.	
CITY-ST-ZIP	SPRING HILL FL 34606	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARMET, RANDY	
STREET ADDRESS	16110 FLIGHT PATH DR	
CITY-ST-ZIP	BROOKSVILLE, FL 34604	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARMET, YVONNE	
STREET ADDRESS	16110 FLIGHT PATH DR	
CITY-ST-ZIP	BROOKSVILLE, FL 34604	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/02 352-799-0180

CR2E034 (9/01)