FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

attachment with an address, with all other like empowered.

SIGNATURE:

DONALD EAGLE

SECRETARY OF STATE CHVISYOF OF CORPORATIONS DOCUMENT # PD00000 85984 1. Entity Name 02 DEC 16 AM 8:01 MY ONLINE NEIGHBORHOOD, INC. DO NOT WRITE IN THIS SPACE **900009006149** 12716702--01035--004 **150.00 2. Principal Place of Business 3. Mailing Address 01-02 1235 N. Orange Avenue 1235 N. Orange Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 201 Suite 201 Applied For City & State City & State Orlando, FL Not Applicable Orland, FL Country USA \$8.75 Additional Country 32804 32804 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Diane K. Eagle DO NOT WRITE IN THIS SPACE Zip Code 32804 Orlando 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 January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 9. This corporation is eligible to satisfy its Intangible After May 1: Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61,25 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 3300003001E149 TITLE . TITLE President, Secretary & Director NAME NAME Donald Eagle STREET ADDRESS STREET ADDRESS ###600:U0 201 E. Vanderbilt Street CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32804 TITLE NAME TITLE 9000009006149 11/27/02-0101-014 **150.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY. ST. 7IP Itmue. Vice-President, Treasurer & Directo TITLE NAME - 1 NAME Kevin Downs STREET ADDRESS STREET ADDRESS 1235 N. Orange Avenue, Ste. 201 DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32804 TITLE TO THE **INTHIS SPACE** TITLE NAME : NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 34 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 on an

12/10/20

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