2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

1. Entity Nan	MENT # P00000105 oncall.com inc.		SECRETARY OF STATE TALLAHASSEE, FLORIDA					
1020 CORAL	ce of Business CLUB DR IGS, FL 33071	071						
2. Principal Place of Business 3059 DOGWOOD LANE 3059 DOGW Suite, Apt. #, etc. Suite, Apt. #, etc.			MAJ GOON	Ē	CHECK HERE IF MAKING CHANGES			
City & State		MARGATE	FLORID	A 4. F	El Number 65-1054084	}	oplied For of Applicable	
3366	3 Country A.	33063	U.SA.		Certificate of Status Desired	S8.75 Add		ļ
					7. Name and Address of New Registered Agent RGINIA MEDINA I (P.O. BOX Number is Not Acceptable) DOGWOD LANE FL ZIPSON A 2			
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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.								
Make Check	Amended UBH is \$61.25 Payable to Florida Department	of State			Election Campaign Finar Trust Fund Contribution.	☐ Adder	May Be	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEDINA, CHRISTOPHER E 1020 CORAL CLUB DR CORAL SPRINGS, FL 33071	DIRECTORS M Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESI VIRG 3050	INIA MEDINA DOGWOOD L	Change	Addition	(50/01/ PED3/
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TAL THEREDY C	certify that the information supplied with	i uus kung goes not quality tõ	r me exemption sta	ed in Section 1	19.07(3x1), Florida Statutes, I fu	riner certify that the ir	normation I	

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: _

SIGNA VORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR