

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90040 010 ***150.00

DOCUMENT # P01000080162

1. Entity Name
FX2 ONLINE, INC.

Principal Place of Business

**9297 N KATHLEEN TERR
DUNNELLON FL 34433**

Mailing Address

**9297 N KATHLEEN TERR
DUNNELLON FL 34433**

2. Principal Place of Business

255 SE Hwy 19, Ste 20

3. Mailing Address

255 SE Hwy 19, Ste 20

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Crystal River, FL

City & State
Crystal River, FL

4. FEI Number
59-3739150

Applied For
☐ Not Applicable

Zip
34429

Country
Citrus

Zip
34429

Country
Citrus

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

Name
James Odell

Street Address (P.O. Box Number is Not Acceptable)
255 SE Hwy 19, Ste 20

City **Crystal River** **FL** Zip **34429**

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

James Odell

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **HAMBEL, JOHN C**
STREET ADDRESS **9297 N KATHLEEN TERR**
CITY-ST-ZIP **DUNNELLON FL 34433**

TITLE **DPTS** ☐ Change ☒ Addition
NAME **James Odell**
STREET ADDRESS **8085 Ira Martin Ave.**
CITY-ST-ZIP **Crystal River, FL 34428**

TITLE **STD** ☒ Delete
NAME **HAMBEL, DEBORAH**
STREET ADDRESS **9297 N KATHLEEN TERR**
CITY-ST-ZIP **DUNNELLON FL 34433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

James Odell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-02

Date

Daytime Phone #

CR2E034 (9/01)