

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90077 026 \*\*\*150.00

MA202165  
 AV

**DOCUMENT # P01000092368**

1. Entity Name

FLORIDA ONLINE DIRECTORIES, INC.

Principal Place of Business

812 RBBIT RD  
 SANIBEL FL 33957

Mailing Address

812 RBBIT RD  
 SANIBEL FL 33957

2. Principal Place of Business

8031 SAN VISTA CIR  
 Suite, Apt. #, etc.

3. Mailing Address

8031 San Vista Cir  
 Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Naples FL

Zip

Country

34109 US

Zip

Country

34109 US

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIREMAN, CAROLINE  
 812 RBBIT RD  
 SANIBEL FL 33957

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 D  
 NAME KUTTLER, RUTH  
 STREET ADDRESS 8031 SAN VISTA CIR  
 CITY-ST-ZIP NAPLES FL

TITLE D  
 NAME SHIREMAN, CAROLINE  
 STREET ADDRESS 812 RBBIT RD  
 CITY-ST-ZIP SANIBEL FL 33957

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 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:

*Ruth Kuttler*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02  
 Date

Daytime Phone #

CR2E034 (9/01)