

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

DOCUMENT # **P02000055838**

1. Entity Name
ONS-MANAGEMENT, INC.



05-05-2003 90902 001 ***150.00
05-05-2003 90902 002 *****8.75

Principal Place of Business
**5909 21ST STREET EAST
BRADENTON FL 34206**

Mailing Address
**5909 21ST STREET EAST
BRADENTON FL 34206**



2. Principal Place of Business

2123 Whitfield Park Ave.

3. Mailing Address

P.O. Box 1049

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

SARASOTA, FL

City & State

TALLEHAST, FL

4. FEI Number

03-0447253

Applied For

Not Applicable

Zip
34243

Country
USA

Zip
34270

Country
USA

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HORLICK, MICHAEL D
1314 E. VENICE AVE., STE. D
VENICE FL 34292**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SMITH, JERALD H**
STREET ADDRESS **5909 21ST ST. EAST**
CITY-ST-ZIP **BRADENTON FL 34206**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P** ☒ Change ☐ Addition
NAME **SMITH, JERALD H.**
STREET ADDRESS **2123 Whitfield Park Ave.**
CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE **VP** ☐ Change ☒ Addition
NAME **M. ESTON KIRBY, JR.**
STREET ADDRESS **4485 Tench Road, Suite 220**
CITY-ST-ZIP **Suwanee, GA 30024**

TITLE **VP** ☐ Change ☒ Addition
NAME **HORLICK, MICHAEL D.**
STREET ADDRESS **1314 E. Venice Ave., Suite D**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE **VP** ☐ Change ☒ Addition
NAME **GRISWELL, CARL A. JR.**
STREET ADDRESS **4485 Tench Road, Suite 220**
CITY-ST-ZIP **Suwanee, GA 30024**

TITLE **Sec/TREAS** ☐ Change ☒ Addition
NAME **SMITH LINDA C.**
STREET ADDRESS **2123 Whitfield Park Ave.**
CITY-ST-ZIP **SARASOTA, FL 34243**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda C. Smith **LINDA C. SMITH**

4/28/03

941-358-8195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/01/1003030