

# 03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P02000056064

1. Entity Name

On Course Design, Inc.



03 JAN -8 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3114 W. Knights Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Same

City & State

Tampa, FL

City & State

Same

Zip

33611

Country

US

Zip

Same

Country

Same

4. FEI Number

03-0444690

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Doug Pearson

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

3114 W. Knights Ave

City

Tampa

FL

Zip Code

33611

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.

No change

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 President  
NAME Russell Walker  
STREET ADDRESS 4800 S. Westshore Blvd. 724  
CITY-ST-ZIP Tampa, FL 33611

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300009922523  
01/07/03--01067--002 \*\*150.00

TITLE Vice President  
NAME Doug Pearson  
STREET ADDRESS 3114 W. Knights Ave  
CITY-ST-ZIP Tampa, FL 33611

TITLE  
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CITY-ST-ZIP  
DO NOT WRITE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Russell Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/02/03

Date

(817) 966-3317

Daytime Phone #

CR2E034B (12/02)