

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90007 032 ***150.00

DOCUMENT # P93000052724

1. Entity Name

ON LINE SERVICES U.S.A., INC.

Principal Place of Business

**1342 COLONIAL BLVD.
SUITE # 17
FORT MYERS FL 33907**

Mailing Address

**1342 COLONIAL BLVD.
SUITE #17
FORT MYERS FL 33907**

2. Principal Place of Business

11800 METRO PARKWAY
Suite, Apt. #, etc.

3. Mailing Address

1995E OAKLAND PARK BLVD
Suite, Apt. #, etc. **# 350**



DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS, FL.

City & State

FORT LAUDERDALE, FL.

4. FEI Number

65-0425484

Applied For

Not Applicable

Zip

33912

Country

USA

Zip

33306

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARRIS, JOHN
1342 COLINAL BLVD.
FORT MYERS FL 33907**

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 ☐ Delete
NAME **PD HARRIS, JOHN**
STREET ADDRESS **1342 COLONIAL BLVD #17**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☒ Delete
NAME **STD GALLUP, DANA**
STREET ADDRESS **1342 COLINAL BLVD #17**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☒ Delete
NAME **D PAPAPOSTOLOU, GEORGE**
STREET ADDRESS **1342 COLONIAL BLVD. SUITE 22**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)