

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90141 034 \*\*\*150.00

0406524

**DOCUMENT # P94000010550**

1. Entity Name  
**MESSAGE ON HOLD OF ORLANDO, INC.**

Principal Place of Business      Mailing Address  
~~2129 CHINGOOK TRAIL~~      ~~2129 CHINGOOK TRAIL~~  
~~MAITLAND FL 32751~~      ~~MAITLAND FL 32751~~

00005411



2. Principal Place of Business      3. Mailing Address  
**EMERALD 6011 EMERALD**  
**6011 HARBOR DR. HARBOR DR.**

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**LONGBOAT KEY FL LONGBOAT KEY FL**

4. FEI Number **59-3279296**      Applied For  
 Not Applicable

City & State      City & State  
**34228 MANATEE 34228 MANATEE**

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

**VOORHEES, PETER E**      Name **SAME**  
**2129 CHINGOOK TRAIL**      Street Address (P.O. Box Number is Not Acceptable) **6011 EMERALD HARBOR DR.**  
**MAITLAND FL 32751**      **ADDRESS CH. ONLY!**  
 City **LONGBOAT KEY FL 34228**

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 *P Voorhees*      DATE 1/14/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	VP VOORHEES, PAM 2129 CHINGOOK TRAIL MAITLAND FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>ADDRESS CHANGE ONLY AS ABOVE</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *P Voorhees*      DATE 1/14/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)