

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91391 017 ***150.00

DOCUMENT # P95000088474

1. Entity Name
ONESOFAR, INC.



Principal Place of Business
**27001 US 19 NORTH
UNIT 2091
CLEARWATER FL 33761**

Mailing Address
**5222 KARLSBURG PL
PALM HARBOR FL 34685
US**

2. Principal Place of Business

8011 Citrus Town Center Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite 8011

City & State
Tampa, FL

City & State

Zip
33625

Country
USA

Zip

Country

4. FEI Number
59-3356025

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RICHITE, ROBERT J
5222 KARLSBURG PL
PALM HARBOR FL 34685**

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 **DVST** ☐ Delete
NAME **RICHITE, ROBERT J**
STREET ADDRESS **5222 KARLSBURG PL**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **DP** ☐ Delete
NAME **RICHITE, DOROTHY J**
STREET ADDRESS **5222 KARLSBURG PL**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Ritchie

Date

Daytime Phone #

4/22/03 727 934 0594

CR2E034 (10/02)