

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093890

1. Entity Name

ON-LINE COMMUNICATIONS OF ORLANDO, INC. ✓

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90026 004 ***550.00

Principal Place of Business

11811 WHISPERING TREE AVE
ORLANDO FL 32837
US

Mailing Address

11811 WHISPERING TREE AVE
ORLANDO FL 32837
US

A0068894



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14117 74th St. N.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Loxahatchee FL

4. FEI Number

59-3336623

Applied For

Not Applicable

Zip

32819

Country

USA

Zip

33470

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANATSEY, TAMARA L
11811 WHISPERING TREE AVE
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name

CANATSEY, TAMARA L

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

14117 74th St. N.

City

Loxahatchee

FL

Zip Code

33470

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PDS ☐ Delete
NAME CANATSEY, TAMARA L.
STREET ADDRESS 11811 WHISPERING TREE AVE
CITY-ST-ZIP ORLANDO FL 32837

TITLE VPT ☐ Delete
NAME CANATSEY, LAWRENCE J.
STREET ADDRESS 11811 WHISPERING TREE AVE
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-00, 561-792-2949

Date

Daytime Phone #