(4/02)

CR2E034

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Aug 11, 2002 8:00 am Secretary of State P95000093890 1. Entity Name 08-11-2002 90172 007 ***550.00 ON-LINE COMMUNICATIONS OF ORLANDO, INC. Principal Place of Business Mailing Address 998 TAFT VINELAND RD 14117 74TH ST N ORLANDO FL 32819 LOXAHATCHEE FL 33470 2. Principal Place of Business 3. Mailing Address 9831 S ORAnge ORAnge Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE or(မ်ကမွဲ State City & State 4. FEI Number Applied For 59-3336623 orlado Not Applicable Country V.S.A \$8.75 Additional 5. Certificate of Status Desired 45 A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent J. CAMATUR vence. CANATSEY, TAMARA L Street Address (P.O. Box Number is Not Acceptable) 14117 74TH ST N LOXAHATCHEE FL 33470 DeBory Zip Code 32713 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, the obligations of registered agent. SIGNATURE SIGNATURE TO 8-8-02 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PDS** TITLE ☐ Delete TITLE ☐ Change ☐ Addition CANATSEY, TAMARA L. NAME 11811 WHISPERING TREE AVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CANATSEY, LAWRENCE J. 11811 WHISPERING TREE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

NAME

Delete

☐ Delete

SIGNATURE

8-8-02

407-947-9898

☐ Change

☐ Change

☐ Addition

☐ Addition