

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90177 027 ***158.75

DOCUMENT # P95000093890

1. Entity Name
ON-LINE COMMUNICATIONS OF ORLANDO, INC.



Principal Place of Business
9831 S ORANGE AVE
ORLANDO FL 32824
US

Mailing Address
9831 S ORANGE AVE
ORLANDO FL 32824
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
DeBary, FL

Zip

Country

Zip
32753

Country

USA

4. FEI Number 59-3336623

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

CANATSEY, LAWRENCE J
367 RIVER BLUFF CIRCLE
DEBARY FL 32713

7. Name and Address of New Registered Agent

Name Frank T. Pilotte, Esq.
Street Address (P.O. Box Number is Not Acceptable)
C/O Murphy, Reid, Et Al.
340 Royal Palm Way, Ste. 100
City Palm Beach FL Zip Code 33480

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 4/22/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS
NAME CANATSEY, TAMARA L.
STREET ADDRESS 11811 WHISPERING TREE AVE
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/03 386-668-1259

CR2E034 (10/02)