

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90026 041 ***150.00

DOCUMENT # P96000023214

1. Entity Name
4ON4.COM, INC.

Principal Place of Business

5900 TOWNSEND ROAD

722

JACKSONVILLE FL 32244

Mailing Address

5900 TOWNSEND ROAD

722

JACKSONVILLE FL 32244

2. Principal Place of Business

2394 CEDAR SHORES CIR

JAX FL

City & State

3. Mailing Address

2394 CEDAR SHORES CIR

JAX FL

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARKS, KENNETH L
5900 TOWNSEND ROAD
722
JACKSONVILLE FL 32244

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.

SIGNATURE *Patricia Marks Sec/Treas*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-02

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, 2002 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

TITLE **P** ☐ Delete
 NAME **MARKS, KENNETH L**
 STREET ADDRESS **5900 TOWNSEND ROAD # 722**
 CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **ST** ☐ Delete
 NAME **MARKS, PATRICIA L**
 STREET ADDRESS **5900 TOWNSEND ROAD # 722**
 CITY-ST-ZIP **JACKSONVILLE FL 32244**

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 **2394 CEDAR SHORES CIR**
 STREET ADDRESS **JAX FL 32210**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **2394 CEDAR SHORES CIR**
 STREET ADDRESS **JAX FL 32210**
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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: *Patricia Marks Sec/Treas*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-02 904 714-4440

CR2E034 (9/01)