

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012659

1. Entity Name

FLORIDA RECORDS ONLINE, INC.

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90114 031 ***150.00

Principal Place of Business

Mailing Address

114 E EDGEWOOD DR
LAKELAND FL 33803-4015
1935 E Edgewood Dr.
Suite M3
Lakeland FL 33803

~~114 E EDGEWOOD DR~~
~~LAKELAND FL 33803-4015~~
1935 E Edgewood Dr.
Suite M3
Lakeland FL 33803

2. Principal Place of Business

1935 E. Edgewood Dr.

3. Mailing Address

1935 E. Edgewood Dr.

Suite, Apt. #, etc.

Suite M3

Suite, Apt. #, etc.

Suite M3

City & State

Lakeland FL

City & State

Lakeland FL

Zip

33803

Country

USA

Zip

33803

Country

USA

4. FEI Number

59-3532825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANOBA, GREGORY A
114 E EDGEWOOD DR
LAKELAND FL 33803-4015

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

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANOBA, GREGORY A	
STREET ADDRESS	101 W MAIN ST	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	V.P. D.	<input type="checkbox"/> Delete
NAME	John	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	114 E. Edgewood Dr.	
STREET ADDRESS	Lakeland FL 33803	
CITY-ST-ZIP		
TITLE	V.P. D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Hughes	
STREET ADDRESS	114 E. Edgewood Dr.	
CITY-ST-ZIP	Lakeland FL 33803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Gregory A. Sanoba, Pres.

President

1-22-01

Date

863-683-5353

Daytime Phone #

CR2E034 (10/00)