

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000028247**1. Entity Name
ONE PLUS SERVICE, INC.

Principal Place of Business	Mailing Address
19850 LOXAHATCHEE PY DR	19850 LOXAHATCHEE PY DRIVE
JUPITER FL 3348 US	JUPITER FL 33458 US

2. Principal Place of Business	3. Mailing Address
6671 W. INDIANTOWN RD., SUITE 56	6671 W. INDIANTOWN RD., SUITE 56

Suite, Apt. #, etc.	Suite, Apt. #, etc.
PMB 202	PMB 202

City & State	City & State
JUPITER FL	JUPITER FL

Zip	Country	Zip	Country
3348	US	33458	US

4. FEI Number	Applied For
65-0745022	Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FORD JOHN
19850 LOXAHATCHEE PT DRIVE

JUPITER FL 33458 US

7. Name and Address of New Registered Agent

Name
FORD JOHN
Street Address (P.O. Box Number is Not Acceptable)
6671 W. INDIANTOWN RD., SUITE 56
PMB 202
City
JUPITER FL Zip Code
33458

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 **JOHN FORD****04/23/2001**

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	S	<input type="checkbox"/> Delete
NAME	FORD SUSAN	
STREET ADDRESS	19850 LOXAHATCHEE PT DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	

TITLE	P	<input type="checkbox"/> Delete
NAME	FORD JOHN	
STREET ADDRESS	19850 LOXAHATCHEE PT DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	

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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD SUSAN	
STREET ADDRESS	6671 W. INDIANTOWN RD., SUITE 56 PMB 202	
CITY-ST-ZIP	JUPITER FL 33458	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD JOHN	
STREET ADDRESS	6671 W. INDIANTOWN RD., SUITE 56 PMB 202	
CITY-ST-ZIP	JUPITER FL 33458	

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		

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: **John Ford**

P

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)