

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90006 040 \*\*\*558.75

**DOCUMENT #**

P97000044067

**1. Entity Name** OZONA ONLINE NETWORK, INC.

**Principal Place of Business**

339 Orange Street  
 Ozona, Florida

**Mailing Address**

PO Box 7  
 Ozona, Florida 34660

**2. Principal Place of Business**

339 Orange

Suite, Apt. #, etc.

**3. Mailing Address**

PO Box 7

Suite, Apt. #, etc.

**City & State**

Ozona, Florida

**Zip**

34660

**Country**

USA

**City & State**

Ozona, Florida 34660

**Zip**

34660

**Country**

USA

**4. FEI Number**

59-3449717

**Applied For**

Not Applicable

**5. Certificate of Status Desired**

☒ X

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

KILLERLAIN, WILLIAM R  
 2706 Alternate US Highway 19 N #109  
 Palm Harbor, FL 34683

**7. Name and Address of New Registered Agent**

**Name**

RICHARD ANDERSON

**Street Address (P.O. Box Number is Not Acceptable)**

398 Laurel Lane

**City**

Palm Harbor

**FL**

**Zip Code** 34683

**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**

RICHARD ANDERSON

7/17/2000

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)

☒ X

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000 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**

PD

☒ Delete

**NAME**

William R Killerlain

**STREET ADDRESS**

10 Pinetree Court

**CITY-ST-ZIP**

Palm Harbor, FL 34683

**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**

PD

☐ Change

☒ Addition

**NAME**

RICHARD ANDERSON

**STREET ADDRESS**

398 Laurel Lane

**CITY-ST-ZIP**

Palm Harbor, FL 34683

☐ Change

☒ Addition

**TITLE**

VP D

**NAME**

SUZANNE M WILKINS

**STREET ADDRESS**

1442 Blanton Lane

**CITY-ST-ZIP**

Clearwater, FL 33756

☐ Change

☐ Addition

**TITLE**

☐ Change

☐ Addition

**NAME**

**STREET ADDRESS**

**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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD ANDERSON

7/17/2000

Date

727 781 1931

Daytime Phone #

CR2E034 (9/99)