

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**  
 05-04-2000 90094 012 \*\*\*158.75

**DOCUMENT # P97000077600**

1. Entity Name  
**CHARTERS ON DEMAND, INC.**

Principal Place of Business      Mailing Address  
 11860 NW 37TH ST      11860 NW 37TH ST  
 SUNRISE FL 33323      SUNRISE FL 33323-3601

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



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      7. Name and Address of New Registered Agent  
 O'CONNOR, CLYDE      Name  
 11860 NW 37TH ST      Street Address (P.O. Box Number is Not Acceptable)  
 SUNRISE FL 33323      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.      ☒      **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back)      **After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing      ☐      \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS |                  |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                 |                                   |
|----------------------------|------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE                      | PVT              | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | O'CONNOR, CLYDE  |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 11860 NW 37TH ST |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | SUNRISE FL 33323 |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                  |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                  |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                  |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                  |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                  |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                  |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                  |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                  |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                  |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                  |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                  |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                  |                                 | 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]*      **CLYDE O'CONNOR**      **4/21/00**      **954-572-2181**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)