## 2001 UNIFORM BUSINESS REPORT (UBR) Mar 05, 2001 8:00 am DOCUMENT # P97000105440 **Secretary of State** 1. Entity Name 03-05-2001 90335 042 \*\*\*158.75 ONLINE SULVEYS, INC. Principal Place of Business Mailing Address 1309 S.E. IST St. ONLINE SURVEYS, INC. CIO RONALA L. PLÁTI Pompano Beach, FL. 170 N. W. Spanish River Blud Boca Raton, Fl. 33431 A0027409 3. Mailing Address 170 N.W. Spanish River Blue 1309 S.E. 1ST St Suite, Apt. #, etc. Buite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State O M DOKO 4. FEI Number Applied For 65-0820608 Not Applicable \$8.75 Additional 5. Certificate of Status Desired X Boward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name RONALO L. PLATT 170 N. W. Spenish River Blvd. Boca Raton, Fl. 33431 Street Address (P.O. Box Number is Not Acceptable) City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT, SOLE DIRECTOR RONALD L. PLATT. TILES Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS gelleth CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PRESIDENT ☐ Change Addition TITLE ☐ Delete TITLE L. THOYPSON NAME NAME STREET ADDRESS STREET ADDRESS 1309 S.E. 33060 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TIT! E Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP 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 eath; that I am an officer or director of the corporation or the receiver or trustee employed 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 add

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR