2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

FILED Jul 13, 2001 8:00 am **Secretary of State**

07-13-2001 90007 035 ***150.00

1. Entity Name ONAIP, INC. NEW 1050 Hillsboro Mile ADDRESS C0073416 Hillsboro BEACH FL 33062 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nane Frank Johnston 1050 Hillsboro Mile Street Address (P.O. Box Number is Not Acceptable) Hillsboro BEACH FL 33062 City Zio 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 regletated agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) A Control of Control o 9. This corporation is eligible to satisfy its intangible 19. Election Campaign Financing \$5.00 May 8e Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Frank Johnston 1050 Hillsbaro Mile ☐ Addition mF ☐ Delete THE NAME HALE - NEW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME HALF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP MLE ☐ Delete MAKE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NALES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE TITLE NAME NAME " STREET ADDRESS STREET ADDRESS CITY-ST-ZP ---CTTY-ST-ZIP. TITLE Change MALE NALE STREET ADVINGESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytene Phone #

FRANK M. BLOHM MBA, MS

Accounting, Taxes, Information Systems, & Finance

7432 Wiles Road

Coral Springs, Florida 33067

Tel: (954) 753-8110 Fax: (954) 753-8113

June 29, 2001

State of Florida Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Re:

Uniform Business Report

Onaip, Inc.

Dear Sir or Madam:

Attached please find a check in the amount of \$150.00 with the 2001 Uniform Business Report for Onaip, Inc.

We are aware that in usual instances where this fee is not paid in a timely manner, there is a substantial penalty incurred. However, in my client's case, other circumstances contributed this delay. An address change in October of 2000 apparently was the cause of the form not reaching my client. As is often the case in small businesses owned by elderly people, they are unaware that this is due unless they receive notification each year.

I can assure you that this delay in payment was in no way intentional. My client would not knowingly incur a debt of this size since it will be a hardship for them to pay it. You can also see from their records that this was the first time the fee was not paid on time.

We are therefore asking, on their behalf, that the penalty be waived in this case. I am sure with the address change being reflected in your records for next year, this will not be a problem in the future.

Thank you for your consideration and courtesy.

Singerely.

Frank M. Blohm

Fb/ab

Enc.