

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045974

1. Entity Name

ONBOARD TECHNOLOGIES, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90082 040 \*\*\*158.75

Principal Place of Business

899 JEFFREY STREET  
SUITE 611  
BOCA RATON FL 33487

Mailing Address

899 JEFFREY STREET  
SUITE 611  
BOCA RATON FL 33487-4133

2. Principal Place of Business

4500 HIATUS RD.

3. Mailing Address

5073 NW 95 DRIVE

Suite, Apt. #, etc.

Suite 206

Suite, Apt. #, etc.

City & State

SUNRISE

City & State

CORAL SPRINGS, FL

Zip

33351

Country

USA

Zip

33076

Country

USA

4. FEI Number

65-0842031

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

WENMAN, RICHARD  
899 JEFFREY STREET  
SUITE 611  
BOCA RATON FL 33487

Name

WENMAN, RICHARD

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

5073 NW 95 DRIVE

City

CORAL SPRINGS

FL

Zip Code

33076

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]*

RICHARD WENMAN

APRIL 28 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)

☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COB	<input type="checkbox"/> Delete
NAME	WENMAN, RICHARD A	
STREET ADDRESS	5073 N.W. 95 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	QUALLS, ROBERT S	
STREET ADDRESS	899 JEFFERY STREET #611	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

1/5/00

Daytime Phone #

(954) 999-5020

CR2E034 (9/99)