

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045974

1. Entity Name

ONBOARD TECHNOLOGIES, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91234 022 ***558.75

Principal Place of Business

4500 HIATUS RD
 SUITE 206
 FORT LAUDERDALE FL 33351

Mailing Address

5073 NW 95 DR
 CORAL SPRINGS FL 33076

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

4500 HIATUS RD,
 SUITE 206

City & State

Zip

Country

City & State

Zip

Country

SUNRISE

33351

USA



DO NOT WRITE IN THIS SPACE

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
 5073 NW 95 DRIVE
 CORAL SPRINGS FL 33076

Name

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

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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 COB
 WENMAN, RICHARD A
 5073 N.W. 95 DRIVE
 CORAL SPRINGS FL 33076 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SECRETARY
 PENELOPE H. WENMAN
 5073 NW 95 DRIVE
 CORAL SPRINGS, FL 33076 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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

R A WENMAN

5/13/01

Date

954-749-5020

Daytime Phone #

CR2E034 (10/00)