

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088191

1. Entity Name

ONAMAY, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90329 045 ***150.00

Principal Place of Business

4185 W. LAKE MARY BLVD.
~~5000~~ 198
LAKE MARY FL 32746

Mailing Address

4185 W. LAKE MARY BLVD.
~~5000~~ 198
LAKE MARY FL 32746-2410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

PMB 198

Suite, Apt. #, etc.

PMB 198

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3537605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUMPHRIES, J. GREGORY
20 N. ORANGE AVE., STE. 1000
ORLANDO FL 32801-4626

7. Name and Address of New Registered Agent

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, 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

TITLE **P**
NAME **ADAMS, CHAD**
STREET ADDRESS **7 TRILBY BRANCH ROAD**
CITY-ST-ZIP **5074 GREAT OAK LANE
LONGWOOD FL 32770 SANFORD, FL 32771**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ 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: **CHAD ADAMS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

407-320-7010

Daytime Phone #

CR2E034 (9/99)