

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107763

1. Entity Name  
ONLINE REPORTING, INC.

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90004 042 \*\*\*150.00

Principal Place of Business  
8 W. ROSEVEAR AVE.  
ORLANDO FL 32804

Mailing Address  
8 W. ROSEVEAR AVE.  
ORLANDO FL 32804



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
530 E. Central Blvd  
Suite, Apt. #, etc.  
404  
City & State  
Orlando, FL  
Zip  
32801  
Country  
USA

3. Mailing Address  
Same  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number 59-3547802  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
HERNANDEZ, NINETTE  
8 W. ROSEVEAR AVE.  
ORLANDO FL 32804

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | D                  | <input type="checkbox"/> Delete |
| NAME           | HERNANDEZ, NINETTE |                                 |
| STREET ADDRESS | 8 W. ROSEVEAR AVE. |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32804   |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | President                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Ninette Long              |  |
| STREET ADDRESS | 530 E. Central Blvd. #404 |  |
| CITY-ST-ZIP    | Orlando, FL 32801         |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| 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: Ninette Long  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/00 (407) 648-7430  
Date Daytime Phone #

CR2E034 (10/00)

0479528