

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015915

1. Entity Name

ATTORNEYS ONLINE, INC.

Principal Place of Business

186 P.C.N.A. PARKWAY
LAKE HELEN FL 32744-0280

Mailing Address

186 P.C.N.A. PARKWAY
LAKE HELEN FL 32744-0280

2. Principal Place of Business

P.O. Box 280

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 280

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HARRIS, MICHAEL D
1645 PALM BEACH LAKES BOULEVARD
SUITE 550
WEST PALM BEACH FL 33401

4. FEI Number 59-3565934

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

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 re-registering)

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
CPS
BALISE, PETER S
186 PCNA PARKWAY
LAKE HELEN FL 32744 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
WRIGLEY, J.W.
186 PCNA PARKWAY
LAKE HELEN FL 32744 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
T
KOLLER, JAMES M
186 PCNA PARKWAY
LAKE HELEN FL 32744 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
CAHILL, ANDREW J
31 SOUTH ST.- 2ND FLR
MORRISTOWN NJ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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)(c), 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:

James M. Koller TREASURER AND CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01

Date

386-228-1000, X337

Daytime Phone #

CR2E034 (10/00)

0476115

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90258 005 ***158.75



DO NOT WRITE IN THIS SPACE