

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016113

1. Entity Name

CLIENTTECH ONLINE SOLUTIONS, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90003 036 ***563.75

Principal Place of Business

10933 VERSAILLES BLVD.
CLERMONT FL 34711

Mailing Address

10933 VERSAILLES BLVD.
CLERMONT FL 34711

2. Principal Place of Business

301 North Tubb St., Box 1044

3. Mailing Address

Suite, Apt. #, etc.

301 North Tubb St., Box 1044

City & State

Oakland, FL

City & State

Oakland, FL

4. FEI Number

59-3557585

Applied For

Not Applicable

Zip

34760

Country

USA

Zip

34760

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, BRADLEY J ESQ
WILLIAMS & DAVID, P.A.
200 S. ORANGE AVE., SUITE 1220
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name James D. Harper

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

10933 Versailles Blvd

City Clermont

FL

Zip Code
34711

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

James D. Harper

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-12-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D HARPER, DAVID
STREET ADDRESS 10933 VERSAILLES BLVD.
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

James D. Harper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-00

Date

407-654-4449

Daytime Phone #

CR2E034 (5/00)