

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90093 007 ***150.00

DOCUMENT # P99000016972

1. Entity Name
ONLINEDEMOCRACY.COM, INC.

Principal Place of Business
5807 S. ATLANTIC AVE.
NEW SMYRNA BEACH FL 32169

Mailing Address **P.O. Box 193**
~~4194 S. ATLANTIC AVE.~~
NEW SMYRNA BEACH FL 32169 32170

2. Principal Place of Business

3. Mailing Address

5807 S. ATLANTIC AVE
 Suite, Apt. #, etc.

P.O. Box 193
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NEW SMYRNA BEACH FL

City & State
NEW SMYRNA BEACH FL

4. FEI Number **59-3575678**

Applied For
 Not Applicable

Zip
32169

Country
FLORIDA

Zip
32170

Country
FLORIDA

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

VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE, SUITE 500 EAST
WEST PALM BEACH FL 33401

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
P BIDDULPH, DAVID
5807 S. ATLANTIC AVE.
NEW SMYRNA BEACH FL 32169

TITLE
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 CITY-ST-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)(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:

David Biddulph
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-01

Date

386-40234744

Daytime Phone #

CR2E034 (10/00)