

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022583

1. Entity Name

ONLINEHR SOLUTIONS INC.

FILED

Apr 23, 2000 8:00 am  
Secretary of State

04-23-2000 90032 004 \*\*\*150.00

Principal Place of Business

Mailing Address

3706 PALMA CEIA CT  
TAMPA FL 33629

3706 PALMA CEIA CT  
TAMPA FL 33629-5123

2. Principal Place of Business

3. Mailing Address

2005 E. Fowler Ave

2005 E. Fowler Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33612

Country

USA

Zip

33612

Country

USA

4. FEI Number

59-3565941

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, VINCENT A  
8903 REGENTS PARK DR  
TAMPA FL 33647

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)

X

**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 ☐ 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

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  
P Michael Mitchell  
502 S. Fremont Ave #113  
Tampa, FL 33606

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SIT  
Susanne Kinsella  
3706 Palma Ceia Ct  
Tampa, FL 33629

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/00

Daytime Phone #

813-631-7835

CR2E034 (9/99)