

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069130

1. Entity Name

ON CALL ANSWER CENTER, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90121 046 ***150.00

Principal Place of Business

Mailing Address

~~1424 COMMERCIAL PARK DR., STE 4~~
~~LAKELAND FL 33801~~

~~1424 COMMERCIAL PARK DR., STE 4~~
~~LAKELAND FL 33801-6505~~

847176



DO NOT WRITE IN THIS SPACE

2 Principal Place of Business

1421 Commercial Park Dr.
Suite, Apt. #, etc.
#4

3 Mailing Address

1421 Commercial Park Dr.
Suite, Apt. #, etc.
#4

City & State
Lakeland, Florida

City & State
Lakeland, Florida

4 FEI Number
59-3589645

Applied For
Not Applicable

Zip
33801

Country
USA

Zip
33801

Country

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

POWELL, MARY F
1421 ~~1424~~ COMMERCIAL PARK DR., STE 4
LAKELAND FL 33801

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 *Mary F. Powell, Pres.*

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, 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 **P D**
NAME *Mary F. Powell*
STREET ADDRESS *1421 Commercial Park Dr #4*
CITY-ST-ZIP *Lakeland, Florida 33801*

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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: *Mary F. Powell* MARY F. Powell, Pres. 4-28-00-863-669-0373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)