

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90105 018 ***550.00

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DOCUMENT # P99000076180

1. Entity Name
BE ONLINE DESIGN, INC.



Principal Place of Business
**1047 KERSFIELD CIR.
HEATHROW FL 32746**

Mailing Address
**1047 KERSFIELD CIR.
HEATHROW FL 32746**

2. Principal Place of Business

3. Mailing Address

11 BRANDERWOOD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NORMAN OH

Zip

Country

Zip

Country

73071

4. FEI Number **59-3595066**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPRINGER, THOMAS J
1047 KERSFIELD CIR.
HEATHROW FL 32746**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas J Springer*
Signature, typed or printed name of registered agent and title if applicable.

THOMAS J SPRINGER
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SPRINGER, THOMAS J**
STREET ADDRESS **1047 KERSFIELD CIR.**
CITY-ST-ZIP **HEATHROW FL 32746**

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

TITLE **V** ☐ Delete
NAME **SPRINGER, RHONDA H**
STREET ADDRESS **1047 KERSFIELD CIR.**
CITY-ST-ZIP **HEATHROW FL 32746**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas J Springer* **RETHOMAS J SPRINGER** **19 AUG 03** **405-579-8979**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)