2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P99000090234 Mar 29, 2000 8:00 am 1. Entity Name **Secretary of State** NEW CITIES ONLINE, INC. 03-29-2000 90029 004 ***158.75 Principal Place of Business Mailing Address 360 WILSHIRE BOULEVARD. #124 360 WILSHIRE BOULEVARD. #124 CASSELBERRY FL 32707-5382 CASSELBERRY FL 32707 2. Principal Place of Business 3. Mailing Address 360 chessington Cir. Suite, Apt. #, etc. 360 Chessington Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number **59-3**630018 City & State City & State Applied For Not Applicable Heathrou \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pinsker 6. FENCL, GEORGE Street Address (P.O. Box Number is Not Acceptable) 208 PRAIRIE DUNE WAY 1360 Chessing tou Circle FL 32746 OBLANDO FL 32828 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State Brian 6. Pinsker 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2F034 (9/99) ☐ Change ☐ Addition TITLE NAME NAME 1360 Chessington cir. STREET ADDRESS STREET ADDRESS Heathrow, FL 32746 CITY-ST-7/P CITY-ST-ZIP Treasurer George Fench 208 praire Dune way Orlando, FL 72828 Registered Asent ☐ Addition Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF Change ☐ Addition TITLE NAME George Fencl STREET ADDRESS STREET ADDRESS 208 Praire Dune Way Orlando, FL 32828 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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