

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091416

1. Entity Name

ON-HOLD INCORPORATED

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90002 022 ***150.00

Principal Place of Business
2205 CYRPRESS BEND DRIVE SOUTH
APT. 407
POMPANO BEACH FL 33069

Mailing Address
2205 CYRPRESS BEND DRIVE SOUTH
APT. 407
POMPANO BEACH FL 33069



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4981 NW 6 Street
Suite, Apt. #, etc.

3. Mailing Address
4981 NW 6 Street
Suite, Apt. #, etc.

City & State
Coconut Creek FL

City & State
Coconut Creek FL

Zip
33063

Country
USA

Zip
33063

Country
USA

4. FEI Number
05-0958860

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MISSALL, STEVEN STANLEY
2205 CYRPRESS BEND DRIVE SOUTH
APT. 407
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent
Name
Steven Stanley Missall
Street Address (P.O. Box Number is Not Acceptable)
4981 NW 6 Street
City
Coconut Creek FL Zip Code
33063

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 *Steven S. Missall* STEVEN S. MISSALL DATE 4/5/00

(NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Steven S. Missall* STEVEN S. MISSALL DATE 4/5/00 (954) 9710028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)