

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-19-2000 90002 022 ***150.00

DOCUMENT # P99000091416
 1. Entity Name
ON-HOLD INCORPORATED

Principal Place of Business Mailing Address
 2205 CYPRESS BEND DRIVE SOUTH 2205 CYPRESS BEND DRIVE SOUTH
 APT. 407 APT. 407
 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069

2. Principal Place of Business 3. Mailing Address
4981 NW 6 Street **4981 NW 6 Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State
Coconut Creek FL **Coconut Creek FL**
 Zip Country Zip Country
33063 **USA** **33063** **USA**

4. FEI Number Applied For
65-0958860 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MISSALL, STEVEN STANLEY
2205 CYPRESS 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: *[Signature]* **STEVEN S. MISSALL** DATE: **4/5/00**
(Signature, typed or printed name of registered agent and title if applicable. (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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN S MISSALL
STREET ADDRESS	4981 NW 6 STREET
CITY-ST-ZIP	COCONUT CREEK FL 33063
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIT Krista Missall
STREET ADDRESS	4981 NW 6 ST
CITY-ST-ZIP	COCONUT CREEK FL 33063
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **STEVEN S. MISSALL** DATE: **4/5/00** (954) 9710028
(Signature and typed or printed name of signing officer or director)

CR2E034 (9/99)