

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91197 036 ***150.00

DOCUMENT # P99000091416

1. Entity Name

ON-HOLD INCORPORATED

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.

DO NOT WRITE IN THIS SPACE

City & State

Coconut Creek FL

City & State

Coconut Creek FL

4. FEI Number

65-0958860

Applied For

☐ Not Applicable

Zip

33063

Country

Broward

Zip

33063

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current 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

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/20/2002

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	<u>P</u> <u>MISSALL, STEVEN S.</u> <u>4981 NW 6 STREET</u> <u>Coconut Creek FL 33063</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>ST</u> <u>MISSALL, KRISTA</u> <u>4981 NW 6 STREET</u> <u>Coconut Creek FL 33063</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/02 954-971-0028

Date

Daytime Phone #

CR2E034B (12/01)