## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P99000107448** May 22, 2000 8:00 am Secretary of State ONLYFROM.COM CORPORATION 05-22-2000 90015 033 \*\*\*150.00 Principal Place of Business Mailing Address 10114 WINSFORD OAK BLVD NO 523 10114 WINSFORD OAK BLVD NO 523 TAMPA FL 33624 TAMPA FL 33624 2. Principal Place of Business 3. Mailing Address 3102 Bay Oaks Court 3102 Bay Oaks Court Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE 103 Applied For 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional usA 5. Certificate of Status Desired Fee Required 33629 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent William McBirnie MCBIRNIE, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 3102 bay Oaks Court 10114 WINSFORD OAK BLVD NO 523 **TAMPA FL 33624** 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. William McBirnie 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. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS D/t/P McBirRie, William 3102 Bay Oaks Court Suite 103 Change TITLE ☐ Delete TITLE MCBIRNIE, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 10114 WINSFORD OAK BLVD NO 523 Tampa, FL 33629 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33624** V/5/T Antonia Provatas (Provatas, Antonia) Change ☐ Delete TITLE TITLE 3102 Bay Oaks Court Suite 103 NAME NAME STREET ADDRESS STREET ADDRESS Tampa, FL 33629 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete 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.