

8/31/01-90112

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90112 011 \*\*\*550.00

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000026124**

1. Entity Name  
**ONSITE ELECTRICAL SERVICE INC.**

Principal Place of Business Mailing Address  
**11500 N W 20TH DRIVE 11500 N W 20TH DRIVE**  
**CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0991859**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, STEVEN L**  
**11500 N W 20TH DRIVE**  
**CORAL SPRINGS FL 33071**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 re-registering)

DATE

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 \$650.00****After September 12, 2001 Fee will be \$750.00****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 **President / Treasurer** ☐ Delete  
 NAME **STEVEN L JACKSON**  
 STREET ADDRESS **11500 NW 20th Drive**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

☐ Delete

TITLE ☐ Delete  
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE STEVEN L JACKSON 8-27-01 954-658-6195**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)