

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

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90215 021 ***150.00

DOCUMENT # F04000001473	
1. Entity Name	
On-Site Services, Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 1860	3. Mailing Address PO BOX 1860
Suite, Apt. #, etc.	Suite, Apt. #, etc.

40048406

DO NOT WRITE IN THIS SPACE

City & State Whiteville, NC	City & State WHITEVILLE, NC	4. FEI Number 20-0521055	Applied For <input type="checkbox"/> Not Applicable
Zip 28472	Country USA	Zip 28472	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
RANDAL E GORE
Street Address (P.O. Box Number is Not Acceptable)
906 SE LAKEVIEW DRIVE, SUITE 106

City
SEBRING **FL** **Zip Code**
33870

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

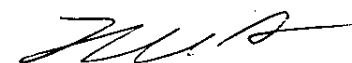
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RANDAL E GORE PO BOX 1860 WHITEVILLE, NC 28472
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11.

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:



RANDAL E GORE

3/10/2008

(910) 642-4443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #