

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M87311

1. Entity Name

ON SITE CANVAS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90204 022 ***150.00

Principal Place of Business

Mailing Address

2201 SE INDIAN ST H-5
BLDG H-5
STUART FL 34997
US

PO BOX 2434
STUART FL 34995-2434
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3526 SW ARPELLINI AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM CITY, FL

City & State

4. FEI Number

65-0065734

Applied For

Not Applicable

Zip

34990

Country

USA

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

JONES, MATTHEW L.
759 S FEDERAL HWY
SUITE 212
STUART FL 34994

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 reinstating)

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BELL, SUZANNE
STREET ADDRESS 39 SW BLACKBURN TERR, SUITE 4
CITY-ST-ZIP STUART FL 34997

TITLE D ☒ Change ☐ Addition
NAME BELL, SUZANNE
STREET ADDRESS 502 SW TIMBER TRAIL
CITY-ST-ZIP STUART, FL 34997

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Suzanne Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUZANNE BELL

4-12-00

Date

(561) 287-7943

Daytime Phone #