2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P00000011703 **DOCUMENT #**

1. Entity Name

ALLIED ON SITE, INC.



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90332 038 ***150.00

						GOO WE TRES					
Principal Place of Business 4008 E. COLOMBUS DRIVE TAMPA FL 33605			Mailing Address 4008 E. COLOMBUS DRIVE TAMPA FL 33605								
2. Principal Place of Business			3. Mailing Address								
Suite, Ap	. #					_					
			Suite, Apt. #, etc.					☐ CHECK HERE	IF MAKING	CHANGES	3
City & Sta	ate		City & State				4. F	59-3622276			applied For
Zip Country			Zip		Country	Country		Certificate of Status Desired		\$8.75 Ad	ditional
	6. Name	and Address of Currer	nt Register	ed Agent			7. 1	lame and Address of New R			
		<u> </u>			" - -	Name			3	<u> </u>	
I	BOBBY E			<u> </u>	Street Address (P.O. B	ox Number is Not Acceptable				
4008 E. COLOMBUS DRIVE											
TAMPA FL 33605											
					(City			FL	Zip Coc	de
8. The above	e named entity	submits this statement	for the purp	pose of changing its	registered of	office or register	ed age	ent, or both, in the State of Flor		 miliar with.	and accept
the obliga	ations o registe	ered agent.		\odot							
SIGNATURE		profrinted name of registered age.	at and title if and			ent signature required				1/03	
) — —	+		1				nstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								9. Election Campaign Fina		\$5.0	00 May Be
Make Chec	k Payable to	Florida Department	of State				ļ	Trust Fund Contribution	ı. 🗀	Added	d to Fees
10.		OFFICERS AND	DIRECTO	PRS	11.		ADI	DITIONS/CHANGES TO OFFI	CERS AND [DIRECTOR	S IN 11
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12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: