2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P00000073748

1. Entity Name

ON SITE CLEANING, INC.

0068300   AV

Principal Place of Business	Mailing Address
25 WALTER MARTIN ROAD. N.E. FORT WALTON BEACH FL 32548	25 WALTER MARTIN ROAD. N.E. FORT WALTON BEACH FL 32548

2. Principal Place of Business
125 First Street SE

3. Mailing Address
125 First Street SE

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Ft. Walton Beach, FL	Ft. Walton Beach, FL

4. FEI Number ~~89-0612100~~ 59-3667229   Applied For / Not Applicable

Zip	Country	Zip	Country
32548	Okaloosa	32548	Okaloosa

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

GRIMSLEY, JAMES W
25 WALTER MARTIN ROAD, N.E.
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

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

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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, 2002 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

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CR2E034 (9/01)

11. OFFICERS AND DIRECTORS		**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME GRIMSLEY, JAMES W STREET ADDRESS 25 WALTER MARTIN ROAD, N.E. CITY-ST-ZIP FORT WALTON BEACH FL 32548	☒ Delete	TITLE D NAME Richard A Helton STREET ADDRESS 125 First Street, SE CITY-ST-ZIP Ft. Walton Beach, FL 32548	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE D NAME Mark S Finnerty STREET ADDRESS 210 Bayou Woods Dr. CITY-ST-ZIP Ft. Walton Beach, FL 32548	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____   2-20-02   850-243-4552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #