FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Feb 19, 2001 8:00 am DOCUMENT, # P0000086699 **Secretary of State** TECH-ON-SITE SERVICES, INC. 02-19-2001 90040 033 ***150.00 Principal Place of Business Mailing Address 4027 PALAU DR. 4027 PALAU DR. SARASOTA FL 34241 SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 040793 Not Applicable Le5-1 Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLAYTON, MERYL C Street Address (P.O. Box Number is Not Acceptable) 1800 2ND ST., SUITE 880 SARASOTA FL 34236 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY-1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Delete TITLE Change Change WAGNER, TERESA sweeney, Teresa NAME NAME 4027 PALAU DR. STREET ADDRESS STREET ADDRESS 4027 Palan Dr. SARASOTA FL 34241 CITY-ST-ZIP CITY-ST-ZIP borasota. Th 34241 TITLE ☐ Delete TITLE ☐ Addition SWEENEY, DANIEL weenly, Daniel NAME 4027 PALAU DR. STREET ADDRESS 4027 Palau Dr. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-ZIP 500 ra 50 to 75 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS 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, withall other like empowered.