

2001 UNIFORM BUSINESS REPORT (UBR)

9/12/01-90105-032-\$158.75-\$158.75

DOCUMENT # P00000111446

1. Entity Name
ON-SITE ANALYSIS, INC.

Principal Place of Business
7108 FAIRWAY DR. STE 200
PALM BEACH FL 33418

Mailing Address
7108 FAIRWAY DR. STE 200
PALM BEACH FL 33418

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -3 AM 9:31

UUU6J46Y



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2074446

Applied For

Not Applicable

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

HARRIS, MICHAEL D
1845 PALM BEACH LAKES BLVD, STE 550
W PALM BEACH FL 33401

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME WILLIS, WILLIAM C
STREET ADDRESS 7108 FAIRWAY DR, STE 200
CITY-ST-ZIP PALM BEACH FL 33418



TITLE D
NAME NATAN, DAVID
STREET ADDRESS 7108 FAIRWAY DR, STE 200
CITY-ST-ZIP PALM BEACH FL 33418



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
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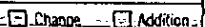
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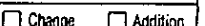
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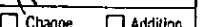
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 or other life empowered.

SIGNATURE:

[Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (5/01)