

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000076660

1. Entity Name

ON SITE LEASING, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90018 029 \*\*\*158.75

Principal Place of Business  
327 LOTUS PATH  
CLEARWATER FL 34616  
US

Mailing Address  
P O BOX 7963  
CLEARWATER FL 33758-7963  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3282477

Applied For  
Not Applicable

Zip

Country

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

BROWN, PETER R  
11180 SIXTH STREET EAST  
TREASURE ISLAND FL 33706

Name JUDY A. MITCHELL  
Street Address (P.O. Box Number is Not Acceptable)  
327 LOTUS PATH  
CLEARWATER  
City FL Zip Code 33756

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

TITLE PD/T ☐ Delete  
NAME MITCHELL, JUDY  
STREET ADDRESS 327 LOTUS PATH  
CITY-ST-ZIP CLEARWATER FL 34616

TITLE VD ☒ Delete  
NAME BROWN, PETER R  
STREET ADDRESS 11180 SIXTH STREET EAST  
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE S ☐ Delete  
NAME HUNT, DARLENE  
STREET ADDRESS 7606 W GRAY ST #209  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE EVP ☐ Change ☒ Addition  
NAME Eduardo M. Vargas  
STREET ADDRESS 59 Dolphin Dr.  
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE EVP ☐ Change ☒ Addition  
NAME JOHN R. STEWART  
STREET ADDRESS 7101 CARMEL BL.  
CITY-ST-ZIP TALLAHASSEE, FL 32308

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-00 (727) 531-1464