

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90255 020 ***150.00

DOCUMENT # **P97090048982**
1. Entity Name
ON LOCATION MANAGEMENT INC



DO NOT WRITE IN THIS SPACE

94072881

2. Principal Place of Business
400 N US Highway
Suite, Apt. #, etc.
1792
City & State
Longwood FLA
Zip
32750 Country
SEMINOLE

3. Mailing Address
831 WIL-O-WEX DR
Suite, Apt. #, etc.
City & State
CASSLERBERRY FLA
Zip
32707 Country
SEMINOLE

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3451294** Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWE Bobby JR 400 N US Highway 1792 Longwood FLA 32750	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04 **407-509-6937**
Date Daytime Phone #

CR2E034B (12/02)