

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005549.

1. Entity Name

TRADESMEN ON-SITE CORPORATION

Principal Place of Business

Mailing Address

5627 ATLANTIC BLVD. #6
JACKSONVILLE, FL 32207

5627 ATLANTIC BLVD. #6
JACKSONVILLE, FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5627 ATLANTIC BLVD. #6

City & State
JACKSONVILLE, FL

City & State

4. FEI Number

59-3488749

Applied For

Not Applicable

Zip
32207

Country
USA

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

NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE, FL 32301

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 \$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
NAME
STREET ADDRESS
CITY - ST - ZIP
GENERAL MANAGER
E. MICHAEL KAHOE
12807 JEBB ISLAND CIRLCE SOUTH
JACKSONVILLE, FL 32224

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
E. MICHAEL KAHOE JR.
15316 CLIFTON BLVD.
LAKEWOOD, OH 44107

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 all other like empowered.

SIGNATURE: *E. Michael Kahoe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/00

904-865-9008

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90203 025 ***150.00

DO NOT WRITE IN THIS SPACE