

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022892

1. Entity Name

ONSITE TECHNOLOGY INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90020 030 \*\*\*150.00

Principal Place of Business

5103 SAN JUAN AVE. STE. 2  
JACKSONVILLE FL 32210

Mailing Address

5103 SAN JUAN AVE. STE. 2  
JACKSONVILLE FL 32210-3137

2. Principal Place of Business

5109 SAN JUAN AVE

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 441071

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL.

City & State

JACKSONVILLE FL.

4. FEI Number

59-3572603

Applied For

Not Applicable

Zip

32210

Country

USA

Zip

32222

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KANE, RICHARD S  
5103 SAN JUAN AVE. STE. 2  
JACKSONVILLE FL 32210

Name

KANE, RICHARD S

Street Address (P.O. Box Number is Not Acceptable)

5109 SAN JUAN AVE

City

JACKSONVILLE

FL

Zip Code

32210

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

2/20/2000

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.

X

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME KANE, RICHARD S  
STREET ADDRESS 5103 SAN JUAN AVE. STE. 2  
CITY-ST-ZIP JACKSONVILLE FL 32210

☐ Delete

TITLE D  
NAME RICHARD S. KANE  
STREET ADDRESS 5109 SAN JUAN AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32210

☒ Change ☐ Addition

TITLE D  
NAME KANE, CHRISTINA H  
STREET ADDRESS 5103 SAN JUAN AVE. STE. 2  
CITY-ST-ZIP JACKSONVILLE FL 32210

☐ Delete

TITLE D  
NAME CHRISTINA H. KANE  
STREET ADDRESS 5109 SAN JUAN AVE  
CITY-ST-ZIP JACKSONVILLE FL 32210

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

RICHARD S. KANE

2/20/2000

9043888380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)