

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022892

1. Entity Name

ONSITE TECHNOLOGY INC.

FILED

Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90023 008 ***158.75

Principal Place of Business

5109 SAN JUAN AVE. STE. 2
JACKSONVILLE FL 33210

Mailing Address

P O BOX 441071
JACKSONVILLE FL 32222

2. Principal Place of Business

5731-1 Commonwealth Av.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32254

Country

Duval

Zip

Country

4. FEI Number

59-3572603

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KANE, RICHARD S
5109 SAN JUAN AVE.
JACKSONVILLE FL 33210

7. Name and Address of New Registered Agent

Name

Kane, Richard S.

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

5731-1 Commonwealth Av.

City

Jacksonville

FL

Zip Code

32254

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	KANE, RICHARD S	
STREET ADDRESS	5109 SAN JUAN AVE	
CITY-ST-ZIP	JACKSONVILLE FL 33210	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANE, CHRISTINA H	
STREET ADDRESS	5109 SAN JUAN AVE	
CITY-ST-ZIP	JACKSONVILLE FL 33210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Christina H Kane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 Jan 2001

Date

877-523-0890

Daytime Phone #

CR3E034 (10/00)