

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000064053

FILED  
Sep 18, 2002  
Secretary of State

**Entity Name:** ON-SITE PLANNING & PERMIT SERVICES, INC.

**Current Principal Place of Business:**

1145 GRAHAM DR  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 2301  
RIVERVIEW, FL 33569

**New Mailing Address:**

**FEI Number:** 59-3591108

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONNETT, STEPHEN G  
111 E MASON ST  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ALFONSO, PETER W  
Address: POST OFFICE BOX 2301 N/A  
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete  
Name: ALFONSO, MARCIA  
Address: POST OFFICE BOX 2301 N/A  
City-St-Zip: RIVERVIEW, FL 33569

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ALFONSO, PETER W  
Address: POST OFFICE BOX 2301 N/A  
City-St-Zip: RIVERVIEW, FL 33568

Title: D (X) Change ( ) Addition  
Name: ALFONSO, MARCIA  
Address: POST OFFICE BOX 2301 N/A  
City-St-Zip: RIVERVIEW, FL 33568

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA ALFONSO

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09/18/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date