## FILED 2003 FOR PROFIT CORPORATION Jan 30, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P99000074189 **DOCUMENT #** 1. Entity Name 01-30-2003 90111 041 \*\*\*150.00 ONSITE SAFETY SYSTEMS, INC. Principal Place of Business Mailing Address 2822 FORSYTH RD #102 2822 FORSYTH RD 10010472 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address 472 South Econ Circle 472 South Econ Circle Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 102 City & State City & State Applied For 4. FEI Number 59-3593047 Oviedo, FL Wiedo Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 45 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Au lt AULT, JAY Street Address (P.O. Box Number is Not Acceptable) 41.25 Pe PPle Becok 1106 MARTIN BLVD ORLAND FL 32825 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Delete AULT, JAY NAME NAME STREET ADDRESS 1106 MARTIN BLVD STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME Ault, Joseph 1300 Fern Forest Run Oviedo FL 32765 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete Change

12. I hereby certify that the information supplied with this fill indicated on this report or supplemental report is true a does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 receive changed, or on an attachment this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Daytime Phone #