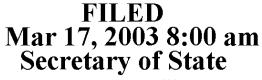
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR DOCUMENT # V00404 1. Entity Name ONSITE MANAGEMENT GROUP, INC.



03-17-2003 90711 037 ***150.00

Principal Place of Business 1999 POINTE WEST DR VERO BEACH FL 32966 US		Mailing Address 1999 POINTE WEST DR VERO BEACH FL 32966 US			\(\text{\final}\)			
2. Principal	Place of Business	3. Mailing Address	-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4.	FEI Number 65-0301423	1423 Applied For Not Applicable		
Zip	Country	Zip	Country	5.	Certificate of Status Desired		.75 Additional Required	
	6. Name and Address of Curren	Registered Agent	NES.	7.	Name and Address of New R			
MECHLIN	IG, CHARLES		Năme		<u></u>			
1999 POI	INTE WEST DRIVE		Street A	ddress (P.O. E	s (P.O. Box Number is Not Acceptable)			
VERO BE	ACH FL 32966		· <u>-</u>					
			City		·		7:- 0	
8. The above	e named entity submits this statement for	or the nurnoss of changing	1				Zip Code	
the obliga	e named entity submits this statement for attions of registered agent.	or the purpose of changing if	is registered office or	registered ag	ent, or both, in the State of Flo	rida. I am famili	ar with, and accep	
I SIGNATURE								
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signatu	re required when re	instating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department		of State		_	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10.	OFFICERS AND	DIRECTORS	11.	AD	DITIONS/CHANGES TO OFFI	CERS AND DIR	ECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	VERO BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VP MELCHIORI, STEPHEN R 6408 55TH SQ VERO EBAHC FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		•	□ c	hange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ C	hange Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ CI	hange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Cr	nange	

I hereby certify that the information supplied with this filling 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 of suppremental 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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR