2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State
08-03-2000 90091 013 ***550.00

DOCUMENT # F99000003663

1. Entity Name
ONESOURCE PAINTING, INC. ✓

Principal Place of Business	Mailing Address
429 WEST 53RD STREET NEW YORK NY 10019	429 WEST 53RD STREET NEW YORK NY 10019

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1600 Parkwood Circle	4800 N. Federal Hwy.
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.: Suite 200B
City & State: Atlanta, GA	City & State: Boca Raton, FL
Zip: 30339 Country: USA	Zip: 33431 Country: USA

4. FEI Number 52-2137493 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KAHN, GERALD 429 WEST 53RD STREET NEW YORK NY 10019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1600 Parkwood Circle #400 ATLANTA, GA 30339
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EV KAHN, MARVIN 429 WEST 53RD STREET NEW YORK NY 10019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1600 PARKWOOD Circle, #400 Atlanta, GA 30339
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WILLIAMS, GEORGE A 1600 PARKWOOD CIRCLE SUITE 400 ATLANTA GA 30339	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GAID, PERRY J 1600 PARKWOOD CIRCLE SUITE 400 ATLANTA GA 30339	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST. S ☐ Change ☒ Addition GEBHARD, ROGER 4800 N. FEDERAL HIGHWAY, # 200B BOCA RATON, FL 33431
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS LEVINE, STEVEN J 4800 N. FEDERAL HIGHWAY, SUITE 200B BOCA RATON FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OLBERT, ANN M 4800 N. FEDERAL HIGHWAY, SUITE 200B BOCA RATON FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/00)

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: SIGNATURE REQUIRED Roger Gebhard 7/24/2000 561-368-3899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #