

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91794 015 \*\*\*150.00

0398189 AV

**DOCUMENT # P16217**

1. Entity Name  
**ONESOURCE FACILITY SERVICES, INC.**



Principal Place of Business  
**1600 PARK WOOD CIR  
STE 400  
ATLANTIC GA 30339  
US**

Mailing Address  
**C/O CARLISLE MANAGEMENT SER. INC  
4800 N FEDERAL HWY. STE 200B  
BOCA RATON FL 33431  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**1600 Parkwood Circle  
Att.  
Suite 400 Corp. Tax Dept.  
Atlanta, Georgia  
30339  
U.S.**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **13-3083344**

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 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☒ Delete  
NAME **TURNER, EDDIE**  
STREET ADDRESS **1600 PARKWOOD CIRCLE #400**  
CITY-ST-ZIP **ATLANTA GA 30339**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VDS** ☐ Delete  
NAME **LEVINE, STEVEN**  
STREET ADDRESS **4800 N. FERDERAL HWY #200B**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7700 Congress Avenue Suite 3214**  
CITY-ST-ZIP **Boca Raton, Florida 33487**

TITLE **T** ☐ Delete  
NAME **OLBERT, ANN**  
STREET ADDRESS **4800 N. FEDERAL HWY #200B**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7700 Congress Avenue, Suite 3214**  
CITY-ST-ZIP **Boca Raton, Florida 33487**

TITLE **D** ☐ Delete  
NAME **GAZE, PETER**  
STREET ADDRESS **4800 N FEDERAL HWY, #200B**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7700 Congress Avenue, Suite 3214**  
CITY-ST-ZIP **Boca Raton, Florida 33487**

TITLE **AS** ☐ Delete  
NAME **GEBHARD, ROGER**  
STREET ADDRESS **4800 N FEDERAL HIGHWAY #200B**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7700 Congress Avenue, Suite 3214**  
CITY-ST-ZIP **Boca Raton, Florida 33487**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Patricia Gibbs Bluestein**

**Patricia Gibbs Bluestein  
Assistant Treasurer**

**4/21/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

86111136

#P16217

**OneSource Facility Services, Inc.  
Officer Attachment**

President	Vacant
Senior Vice President & Chief Financial Officer	Michael J. Geisler
Executive Vice President	Cheryl C. Jones
Vice President, Audit	William E. Moore
Vice President	Ross M. Pike
Vice President	William C. Carpenter
Vice President	Alan Marquesano
Vice President	Perry J. Gaid
Vice President	Ronald E. Schmoyer
Assistant Vice President	Rudolph J. Scott
Assistant Treasurer & Assistant Secretary	Patricia G. Bluestein
Assistant Secretary	Scott E. Friedlander

Address for all of the above:  
1600 Parkwood Circle, Suite 400  
Atlanta, GA 30339

Director, Vice President	Peter M.R. Gaze
Director, Vice President & Secretary	Steven J. Levine
Treasurer	Ann M. Olbert
Assistant Secretary	Eli D. Schoenfield
Assistant Secretary	Roger Gebhard

Address for all of the above:  
Carlisle Management Services, Inc.  
7700 Congress Avenue, Suite 3214  
Boca Raton, FL 33487