

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000308

1. Entity Name

ONESOURCE MALL SERVICES, INC.

Principal Place of Business

1600 PARKWOOD CIRCLE
STE 400
ATLANTA GA 30339

Mailing Address

C/O CARLSLE MGMT SERVICES, INC
4800 N FEDERAL HWY., #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

4. FEI Number

58-2326984

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 D ☐ Delete
NAME GAZE, PETER
STREET ADDRESS 4800 N FEDERAL HWY #200B
CITY-ST-ZIP BOCA RATON FL 33431

TITLE VSD ☐ Delete
NAME LEVINE, STEVEN
STREET ADDRESS 4800 N FEDERAL HWY #200B
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE V ☒ Delete
NAME WILLIAMS, GEORGE A
STREET ADDRESS 1600 PARKWOOD CIRCLE, #400
CITY-ST-ZIP ATLANTA GA 30339

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Change ☒ Addition
NAME Richard Kissane
STREET ADDRESS 1600 Parkwood Circle, #400
CITY-ST-ZIP Atlanta, GA 30339

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger Gebhard

4/9/01 561-368-3899

Date

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 28, 2001 8:00 am
Secretary of State
04-28-2001 90062 017 ***150.00



DO NOT WRITE IN THIS SPACE