

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91794 014 ***150.00

0398991 AV

DOCUMENT # F98000004059

1. Entity Name
ONESOURCE MANAGEMENT, INC.



Principal Place of Business
**1600 PARKWOOD CIRCLE
#400
ATLANTA GA 30339**

Mailing Address
**4800 N FEDERAL HWY
STE 200B
BOCA RATON FL 33431**



2. Principal Place of Business

3. Mailing Address

1600 Parkwood Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400 Corporate Tower

City & State

City & State

Atlanta, Georgia

Zip

Country

Zip

Country

30339

U.S.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

58-2405009

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. 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 ☐ Delete
NAME **D**
STREET ADDRESS **GAZE, PETER**
CITY-ST-ZIP **4800 N. FEDERAL HWY, SUITE 200B
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 **VSD**
STREET ADDRESS **LEVINE, STEVEN J**
CITY-ST-ZIP **4800 N. FEDERAL HWY, SUITE 200B
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 **AS**
STREET ADDRESS **GEBHARD, ROGER**
CITY-ST-ZIP **4800 N FEDERAL HWY #200B
BOCA RATON FL 33421**

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

TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **FRIEDLANDER, SCOTT**
CITY-ST-ZIP **1600 PARKWOOD CIR., #400
ATLANTA GA 30339**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **OLBERT, ANN M**
CITY-ST-ZIP **4800 N FEDERAL HWY #200B
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 **V**
STREET ADDRESS **GAID, PERRY**
CITY-ST-ZIP **1600 PARKWOOD CIR., #400
ATLANTA GA 30339**

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 807, 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 persons.

SIGNATURE:

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)