

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90006 015 ***150.00

DOCUMENT # F98000004234

1. Entity Name

ONESOURCE CUSTOMER CARE CENTER, INC.

Principal Place of Business

**1600 PARKWOOD CIR
 #400
 ATLANTA GA 30339**

Mailing Address

**4800 N FEDERAL WAY
 STE 200B
 BOCA RATON FL 33431**

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

65-0852375

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 N/A

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **GAZE, PETER**
 CITY-ST-ZIP **4800 N FEDERAL HWY #2008
 BOCA RATON FL 33431**

TITLE ☐ Change ☒ Addition
 NAME **AT**
 STREET ADDRESS **Gibbs, Patricia**
 CITY-ST-ZIP **1600 Parkwood Circle, #400
 Atlanta, GA 30339**

TITLE ☐ Delete
 NAME **VSD**
 STREET ADDRESS **LEVINE, STEVEN J**
 CITY-ST-ZIP **4800 N FEDERAL HWY
 BOCA RATON FL**

TITLE ☐ Change ☒ Addition
 NAME **AS**
 STREET ADDRESS **Friedlander, Scott**
 CITY-ST-ZIP **1600 Parkwood Circle, #400
 Atlanta, GA 30339**

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

TITLE ☐ Change ☒ Addition
 NAME **AS**
 STREET ADDRESS **Schoenfield, Eli**
 CITY-ST-ZIP **4800 N. Federal Hwy., 200B
 Boca Raton, FL 33431**

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

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

TITLE ☐ Delete
 NAME **AS**
 STREET ADDRESS **GEBHARD, ROGER**
 CITY-ST-ZIP **4800 N FEDERAL HWY #2008
 BOCA RATON FL 33431**

TITLE ☐ Change ☐ Addition
 NAME ****PLEASE NOTE: Complete**
 STREET ADDRESS **list of all Directors &**
 CITY-ST-ZIP **Officers in 11 & 12.**

TITLE ☐ Delete
 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Roger
 Gebhard**

4/11/2002

(561) 368-3899

Date

Daytime Phone #

Asst. Secretary

CR2E034 (9/01)