2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90492 024 ***150.00

DOCUMENT # F99000001372

1. Entity Name

ONESOURCE LANDSCAPE & GOLF SERVICES, INC.

Principal Place of Business	Mailing Address
4800 NORTH FEDERAL HWY. STE 200B BOCA RATON FL 33431	4800 NORTH FEDERAL HWY. STE 200B BOCA RATON FL 33431-3408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1600 Parkwood Circle	c/o Carlisle
Suite, Apt. #, etc.: #400	Suite, Apt. #, etc.: Management
City & State: Atlanta, GA	City & State: Services, Inc.
Zip: 30339 Country: USA	Zip: Country:

4. FEI Number: 22-3640690 ☐ 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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHMOYER, RONALD 5028 TAMPA WEST BLVD TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETER GAZE 4800 N. Federal Hwy #200B Boca Raton, FL 33431	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WILLIAMS, GEORGE A 1600 PARKWOOD CIRCLE, STE 400 ATLANTA GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Roger Gebhard 4800 N. Federal Hwy. #200B Boca Raton, FL 33431	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS LEVINE, STEVEN J 4800 NORTH FEDERAL HWY, STE 200B BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GAID, PERRY J 1600 PARKWOOD CIR, STE 400 ATLANTA GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OLBERT, ANN M 4800 N FEDERAL HWY, STE 200B BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT MCGONAGILL, KENNETH 1600 PARKWOOD CIR, STE 400 ATLANTA GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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] 4/20/2000 561-368-3899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #