2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Kovek

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # F9900003663 ONESOURCE PAINTING, INC. 04-28-2001 90062 016 ***150.00 Principal Place of Business Mailing Address 1600 PARKWOOD CIRCLE 4800 N FEDERAL HWY SUITE 400 SUITE 2008 ATLANTA GA 30339 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FÉI Number Applied For 52-2137493 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution, (See criteria on back) Make Check Payable to Department of State П OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Peter Gaze KAHN. GERALD NAME NAME 4800 N. FEDERAL HWY, # 200B STREET ADDRESS 1600 PARKWOOD CIRCLE #400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30339 BOCA RATON, FL 33431 Delete TITLE TITLE KAHN, MARVIN NAME NAME 1600 PARKWOOD CRICLE #400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30339 CITY-ST-ZIP ☐ Addition TITLE Change Delete TITLE WILLIAMS, GEORGE A NAME NAME STREET ADDRESS 1600 PARKWOOD CIRCLE SUITE 400 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ATLANTA GA 30339 Gebhard ☐ Addition ☐ Delete TITLE ROGER, GEBNARD NAME STREET ADDRESS 4800 N. Federal Hwy # 200B STREET ADDRESS 4806 N FEDERAL HWY CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL** VS TITLE Change Change ☐ Addition Delete TITLE LEVINE, STEVEN J NAME NAME STREET ADDRESS 4800 N. FEDERAL HIGHWAY, SUITE 200B TREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP **BOCA RATON FL 33431** ☐ Addition ☐ Delete TITLE ☐ Change TITI E OLBERT, ANN M NAME NAME STREET ADDRESS STREET ADDRESS 4800 N. FEDERAL HIGHWAY, SUITE 200B CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** 13. I hereby certify that the information supplied with this filling 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR