

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91794 020 ***150.00

DOCUMENT # F99000003663

1. Entity Name
ONESOURCE PAINTING, INC.



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

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



2. Principal Place of Business

3. Mailing Address

**1600 Parkwood Circle
Suite, Apt. #, etc. Attn: Suite 400 Corporate Tax
City & State Atlanta, Georgia**

☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

30339

U.S.

4. FEI Number **52-2137493**

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	V	<input type="checkbox"/> Delete
NAME	GAID, PERRY	
STREET ADDRESS	1600 PARKWOOD CIRCLE #400	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAZE, PETER	
STREET ADDRESS	4800 N. FEDERAL HWY #200-B	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ROGER, GEBHARD	
STREET ADDRESS	4800 N FEDERAL HWY #200B	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LEVINE, STEVEN J	
STREET ADDRESS	4800 N. FEDERAL HIGHWAY, SUITE 200B	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	T	<input type="checkbox"/> Delete
NAME	OLBERT, ANN M	
STREET ADDRESS	4800 N. FEDERAL HIGHWAY, SUITE 200B	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	AV	<input type="checkbox"/> Delete
NAME	MAHAR, BARRY	
STREET ADDRESS	1600 PARKWOOD CIR #400	
CITY-ST-ZIP	ATLANTA GA 30339	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7700 Congress Avenue, Suite 3214	
CITY-ST-ZIP	Boca Raton, Florida 33487	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7700 Congress Avenue, Suite 3214	
CITY-ST-ZIP	Boca Raton, Florida 33487	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7700 Congress Avenue, Suite 3214	
CITY-ST-ZIP	Boca Raton, Florida 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 687, 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.

Patricia Gibbs Bluestein
Assistant Treasurer

SIGNATURE: **Patricia Gibbs Bluestein**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 (770) 936-9900
Date Daytime Phone #

CP2E034 (10/02)

Attachment

80111130
#F900003003

**OneSource Painting, Inc.
Officer Attachment**

President
Senior Vice President
& Chief Financial Officer
Executive Vice President
Vice President, Audit
Vice President
Vice President
Vice President
Assistant Vice President
Assistant Treasurer
& Assistant Secretary
Assistant Secretary

Gerald Kahan
Michael J. Geisler

Cheryl C. Jones
William E. Moore
Alan Marquesano
Thomas K. Lloyd, Jr.
Perry J. Gaid
Barry Mahar
Patricia G. Bluestein

Scott E. Friedlander

Address for all of the above:
1600 Parkwood Circle, Suite 400
Atlanta, GA 30339

Director, Vice President
Director, Vice President
& Secretary
Treasurer
Assistant Secretary
Assistant Secretary

Peter M.R. Gaze
Steven J. Levine

Ann M. Olbert
Eli D. Schoenfield
Roger Gebhard

Address for all of the above:
Carlisle Management Services, Inc.
7700 Congress Avenue, Suite 3214
Boca Raton, FL 33487