

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000234

1. Entity Name
H & H/ONESOURCE, L.C.

Principal Place of Business
4800 NORTH FEDERAL HIGHWAY, SUITE 200B
BOCA RATON FL 33431

Mailing Address
4800 NORTH FEDERAL HIGHWAY, SUITE 200B
BOCA RATON FL 33431-3408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5728 Major Blvd.
Orlando, FL

3. Mailing Address
c/o Carlisle
Management
Services, Inc.
City & State

37819 : Country USA Zip Country

4. FEI Number 65-0887384 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINE, STEVEN J
4800 NORTH FEDERAL HIGHWAY, SUITE 200B
BOCA RATON FL 33431

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME ISS BUSINESS HOLDINGS, INC.
STREET ADDRESS 4800 NORTH FEDERAL HIGHWAY, SUITE 200B
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE
NAME ONE SOURCE Business Holdings, Inc. ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME H & H CLEANING SERVICES, INC.
STREET ADDRESS 5728 MAJOR BOULEVARD, SUITE 611
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

561-368-3899

CR2E083 (9/99)