

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90064 012 *****50.00

DOCUMENT # L99000000234

1. Entity Name

H & H/ONESOURCE, L.C.



Principal Place of Business

**5728 MAJOR BLVD.
ORLANDO FL 37819**

Mailing Address

**4800 N. FEDERAL HIGHWAY, STE. 200B
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

1600 Parkwood Circle

Suite, Apt. #, etc.

Suite 400 Corporate Twp

City & State

Atlanta, Georgia

Zip

30339

Country

U.S.



☒ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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 \$50.00 ✓
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7700 Congress Avenue, Suite 3214**
CITY-ST-ZIP **Boca Raton, FLORIDA 33487**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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.

MICHAEL J. GEISLER

SIGNATURE:

Michael J. Geisler

SR. VICE PRESIDENT 04/30/03 - 770-436-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)