2001 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

DOCUMENT # P0000055470

1. Entity Name

2. Principal Place of Business

FOLEY, PATRICK S

Suite, Apt. #, etc.

City & State

Zip

ONE SOURCE EQUIPMENT COMPANY

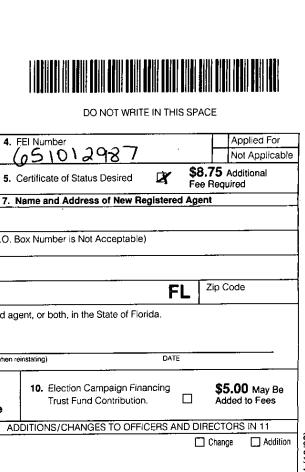
Principal Place of Business	Mailing Address			
13468 WHITE PLAINS STREET SPRING HILL FL 34609	13468 WHITE PLAINS STREET SPRING HILL FL 34609			

Country

6. Name and Address of Current Registered Agent

FILED Apr 27, 2001 8:00 am Secretary of State

04-27-2001 90390 044 ***158.75



13468 WHITE PLAINS STREET		Street Address	Street Address (P.O. Box Number is Not Acceptable)					
SPRI	ING HILL FL 34609							
			City		F	L 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 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 FILE NOW!!!		FEE IS \$150.00 Fee will be \$550.00 to Department of Sta	e \$550.00 Trust Fund Contribution. Add		☐ Added	O May Be to Fees		
11.	OFFICERS AND DIRE	ECTORS	12.	ADDITIONS/CHANG	SES TO OFFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	d Foley, geraldine a 13468 White Plains Street Spring Hill Fl 34609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLEY, PATRICK S 13468 WHITE PLAINS STREET SPRING HILL FL 34609	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
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Country

Name

13. I hereby certify that the information supplied with this filing does not quality 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 printing 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:

357-650-029

Daytime Phone #