

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90050 001 ***150.00

DOCUMENT # P00000090347

1. Entity Name
SOURCEONE, INC.

Principal Place of Business
9830 E FOWLER AVE
THONOTOSASSA FL 33592-3306

Mailing Address
9830 E FOWLER AVE
THONOTOSASSA FL 33592-3306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12000 N. DACE MABAY

3. Mailing Address
12000 N. DACE MABAY

Suite, Apt. #, etc.
264 HWY.

Suite, Apt. #, etc.
264

City & State
TAMPA

City & State
TAMPA FL

Zip
FL 33618

Country
USA

Zip
33618

Country
USA

4. FEI Number
59-3666239

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILLIAMS, MICHAEL
18179 SANDY POINTE DRIVE
TAMPA FL 33647

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.

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 Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PS
SMITH, CARLOS M
6608 A SOUTH JUANITA ST
TAMPA FL 33616 ☒ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
WILLIAMS, MICHAEL
18179 SANDY POINTE DR
TAMPA, FL 33647 ☐ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ **Delete**

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

13. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 (813) 963-1130
Date Daytime Phone #

CR2E034 (9/01)