

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90271 005 ***150.00

DOCUMENT # P16217

1. Entity Name
ONESOURCE FACILITY SERVICES, INC.

Principal Place of Business

1600 PARK WOOD CIR
STE 400
ATLANTIC GA 30339
US

Mailing Address

C/O CARLISLE MANAGEMENT SER. INC
4800 N FEDERAL HWY. STE 200B
BOCA RATON FL 33431
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3083344**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|--|
| TITLE | CO | ← <input type="checkbox"/> Delete |
| NAME | TURNER, EDDIE | |
| STREET ADDRESS | 1600 PARKWOOD CIRCLE #400 | |
| CITY-ST-ZIP | ATLANTA GA 30339 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | KISSANE, RICHARD | |
| STREET ADDRESS | 1600 PARKWOOD CIRCLE #400 | |
| CITY-ST-ZIP | ATLANTIC GA 30339 | |
| TITLE | MS | ← <input type="checkbox"/> Delete |
| NAME | LEVINE, STEVEN | |
| STREET ADDRESS | 4800 N. FERDERAL HWY #200B | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | OLBERT, ANN | |
| STREET ADDRESS | 4800 N. FEDERAL HWY #200B | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GAZE, PETER | |
| STREET ADDRESS | 4800 N FEDERAL HWY, #200B | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | GEBHARD, ROGER | |
| STREET ADDRESS | 4800 N FEDERAL HIGHWAY #200B | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | |

| | | |
|----------------|-------|--|
| TITLE | C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V/S/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger Gebhard
Asst. Secretary

4-11-2002 (561) 368-3899
 Date Daytime Phone #

CR2E034 (9/01)