

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010256

1. Entity Name

OUTSOURCE FRANCHISING, INC.

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90160 050 \*\*\*150.00

0312555

Principal Place of Business

~~1444 E NEWPORT CTR DR~~  
~~DEERFIELD BCH FL 33442~~  
US

Mailing Address

~~1444 E NEWPORT CTR DR~~  
~~DEERFIELD BCH FL 33442~~  
US

00038401



2. Principal Place of Business

1690 SOUTH CONGRESS AVE

Suite, Apt. #, etc.

SUITE 210

City & State

DELRAY BEACH FL

Zip

33445

Country

US

3. Mailing Address

1690 SOUTH CONGRESS AVE

Suite, Apt. #, etc.

SUITE 210

City & State

DELRAY BEACH FL

Zip

33445

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0575035

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND  
PLANTATION FL 33324

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, 2001 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

TITLE PD  
NAME MEIER, GARRY E  
STREET ADDRESS 1144 E NEWPORT CCTR DR  
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

TITLE CFOV  
NAME SCOTT, FRANCIS  
STREET ADDRESS 1144 NEWPORT CTR DR  
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☒ Delete

TITLE VS  
NAME WASCH, JOSEPH C  
STREET ADDRESS 1144 E NEWPORT CTR DR  
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☒ Delete

TITLE VT  
NAME PETERSON, JON H  
STREET ADDRESS 1144 EAST NEWPORT CENTER DR  
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P + D  
NAME GARRY MEIER  
STREET ADDRESS SAME AS ABOVE  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE EVP + CFO + S  
NAME MICHAEL SHARP  
STREET ADDRESS SAME AS ABOVE  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE S + EVP  
NAME RICHARD MAZELSKY  
STREET ADDRESS SAME AS ABOVE  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE T + VP  
NAME CAROLYN NOONAN  
STREET ADDRESS SAME AS ABOVE  
CITY-ST-ZIP ☐ Change ☒ Addition

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

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:

*Carolyn Noonan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01  
Date

8006960856  
Daytime Phone #

CR2E034 (10/00)