

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034387

FILED

1. Entity Name

OUTSOURCE INTERNATIONAL, INC.

00 APR 26 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1144 E NEWPORT CTR DR
DEERFIELD BCH FL 33442
US

1144 E NEWPORT CTR DR
DEERFIELD BCH FL 33442-7725
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0675628

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

LEFCORT, ROBERT
1144 E NEWPORT CTR DR
DEERFIELD BCH FL 33442

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

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.

PETER F. SOUZA
ASSISTANT SECRETARY

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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, 2000 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 P ☒ Delete
NAME BURRELL, PAUL
STREET ADDRESS 1144 E NEWPORT CENTER DR
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE PCEOCOTB ☐ Change ☒ Addition
NAME Meier, Garry E.
STREET ADDRESS 1144 E. Newport Center Drive
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE S ☒ Delete
NAME NUGENT, BRIAN M
STREET ADDRESS 1144 E NEW PORT CTR DR
CITY-ST-ZIP DEERFIELD BCH FL 33442

TITLE VPGCS ☐ Change ☒ Addition
NAME Wasch, Joseph C.
STREET ADDRESS 1144 E. Newport Center Drive
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE TD ☒ Delete
NAME FRANCIS, SCOTT
STREET ADDRESS 1144 E TOMLINSON
CITY-ST-ZIP DEERFIELD BCH FL 33442

TITLE VPDCFO ☒ Change ☐ Addition
NAME 300003238663--0
STREET ADDRESS -05/03/00 -01154--008
CITY-ST-ZIP *****150.00 *****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPT ☐ Change ☒ Addition
NAME Peterson, Jon H.
STREET ADDRESS 1144 E. Newport Center Drive
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPCAS ☐ Change ☒ Addition
NAME Noonan, Carolyn H.
STREET ADDRESS 1144 E. Newport Center Drive
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)