

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034387

1. Entity Name
OUTSOURCE INTERNATIONAL, INC.

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

04-17-2001 90125 013 ***150.00

Principal Place of Business

1144 E NEWPORT CTR DR
DEERFIELD BCH FL 33442
US

Mailing Address

1144 E NEWPORT CTR DR
DEERFIELD BCH FL 33442
US

2. Principal Place of Business

1690 SOUTH CONGRESS AVE

3. Mailing Address

1690 SOUTH CONGRESS AVE

Suite, Apt. #, etc.

SUITE 210

Suite, Apt. #, etc.

SUITE 210

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

Zip

33445

Country

US

Zip

33445

Country

US

4. FEI Number

65-0675628

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 ROAD
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	PCEO	<input type="checkbox"/> Delete
NAME	MEIER, GARRY E	
STREET ADDRESS	1144 E NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	COTB	<input checked="" type="checkbox"/> Delete
NAME	MEIER, GARRY E	
STREET ADDRESS	1144 E NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FRANCIS, SCOTT	
STREET ADDRESS	1144 E TOMLINSON	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	VGCS	<input checked="" type="checkbox"/> Delete
NAME	WASCH, JOSEPH C	
STREET ADDRESS	1144 E NEWPORT CTR DR	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, JON H	
STREET ADDRESS	1144 E NEWPORT CTR DR	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	VCAS	<input type="checkbox"/> Delete
NAME	NOONAN, CAROLYN H	
STREET ADDRESS	1144 E NEWPORT CTR DR	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P → CEO → COTB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRY MEIER	
STREET ADDRESS		
CITY-ST-ZIP	SAME AS ABOVE	
TITLE	EVP → CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL SHARP	
STREET ADDRESS		
CITY-ST-ZIP	SAME AS ABOVE	
TITLE	EVP → COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD MASELSKY	
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP		
TITLE	VP → Controller → Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLYN NOONAN	
STREET ADDRESS		
CITY-ST-ZIP	SAME AS ABOVE	
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:

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

4/13/01

Date

8006960856

Daytime Phone #

CR2E034 (10/00)

0313824