

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90112 008 ***150.00

DOCUMENT # P97000007535

1. Entity Name

ONE SOURCE FINANCIAL, INC.

Principal Place of Business 8000 S. FEDERAL HWY. SUITE 301 PORT ST LUCIE FL 34952	Mailing Address 8000 S. FEDERAL HWY. SUITE 301 PORT ST LUCIE FL 34994-2913
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 729 S. FED Hwy Suite, Apt. #, etc. SUITE 210 City & State STUART FL Zip 34994 Country USA	3. Mailing Address 729 S FED Hwy Suite, Apt. #, etc. SUITE 210 City & State STUART FL Zip 34994 Country USA
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4. FEI Number 65-0725110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLESE, WILLIAM F
 8000 S FEDERAL HWY #301
 PT ST LUCIE FL 34952

7. Name and Address of New Registered Agent

Name: **LEONARD P BOGDAN JR**
 Street Address (P.O. Box Number is Not Acceptable): **1918 PORT ST LUCIE BLVD**
 City: **PORT ST LUCIE FL** Zip Code: **34952**

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: *Leonard P Bogdan Jr* **LEONARD P BOGDAN JR PRES** DATE: **4-1-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEUDAN, LEONARD P JR		NAME BOGDAN, LEONARD P JR	
STREET ADDRESS 8000 S FED HWY STE 301		STREET ADDRESS 1918 PORT ST LUCIE BLVD	
CITY-ST-ZIP PT ST LUCIE FL		CITY-ST-ZIP PORT ST LUCIE FL 34952	
TITLE VD	<input type="checkbox"/> Delete	TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRANT, JOHN		NAME BRANT JOHN	
STREET ADDRESS 8000 S FED HWY STE 301		STREET ADDRESS 729 S FED HWY, SUITE 210	
CITY-ST-ZIP PT ST LUCIE FL		CITY-ST-ZIP STUART FL 34994	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: *Leonard P Bogdan Jr* **LEONARD P BOGDAN JR** DATE: **4-1-00** DAYTIME PHONE #: **561-337-5566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #