

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014802

1. Entity Name

OUTSOURCE INTERNATIONAL OF AMERICA, INC.

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

04-17-2001 90125 011 ***150.00

Principal Place of Business

Mailing Address

~~1144 EAST NEWPORT CENTER DRIVE~~
~~DEERFIELD BEACH FL 33442~~

~~1144 EAST NEWPORT CENTER DRIVE~~
~~DEERFIELD BEACH FL 33442~~

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

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 PD
NAME MEIER, GARRY E ☐ Delete
STREET ADDRESS ~~1144 NEWPORT CENTER DRIVE~~
CITY-ST-ZIP ~~DEERFIELD BEACH FL 33442~~

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

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

4/13/01
Date

8006960856
Daytime Phone #

0313822

CR2E034 (10/00)