FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 24, 2002 8:00 am Secretary of State

		3 - 2 1 5		, Secretary	or State
DOCUMENT # P 98000005549				02-24-2002 90003	038 ***150.00
1. Entity Name					
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CONSTRUCTION LABOR CORP. (fka GMS. Onesource				↓ ⊤	
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2. Principal Pla	Atlantic Blvd	3. Mailing Address 5627 Atlant	tic Blvd		
Suite, Apt. #, etc. Suite, Apt. #, etc.			TIC DIVIN	DO NOT WRITE IN THIS SPACE	
#6					
City & State		City & State		4. FEI Number Applied For	
Jack 50	nville, FL	Jacksonv	' 	59-3488749	Not Applicable
3220	7 Country	32207	Duval	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				7. Name and Address of Current Registere	
		and the second	-Ivame		
	🔃 DO NOT WI	RITE	Street Address (P.O. Box Number is Not Acceptable)	
IN THIS SPACE					
7 745-4 334 10 15-5 17 33					
			City	FL	Zip Code
8. The above r	named entity submits this statement for	the purpose of changing it	s registered office or register	red agent, or both, in the State of Florida.	-
}	,	, , , , , ,	J	, , , , , , , , , , , , , , , , , , ,	
SIGNATURE _		··········			
. 5	Signature, typed or printed mame of registered agent ar	nd tide if applicable. (NC	TE: Registered Agent signature required	when reinstating) DATE	
	ation is eligible to satisfy its Intangible		May 1: Fee is \$150.00 v 1, Fee is \$550.00	- 10. Election Campaign Financing	\$5.00 May Be
Tax filing re (See criteria	equirement and elects to do so.	Amendo	ed UBR is \$61,25	Trust Fund Contribution.	Added to Fees
11.	OFFICERS AND D	Actual Strains of the Long Contracting Contracting to the Section Section 2.	ble to Department of Sta	te and the second secon	
	CENERAL MANAGER		TITLE		Telephone Park Telephone Commission Commissi
	E MICHAEL KAHOE.	SR SALT	NAME .		
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CITY-SI-ZIP	JACKSONVILLE FL 3	32224	9 GHT-51-2IP,8 103		
	PRESIDENT E. MICHAEL KAHOE J	0	TITLE NAME		
STREET ADDRESS	3454 DEERCREEK PAT	TH	STREET ADDRESS	on the second of	
l	RICHFIELD OH 442	86	CITY: ST-ZIP		
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NAME CAREAT ADDRESS	•		NAME 32		
CITY - ST- ZIP	·		STREET ADDRESS	DO NOT WR	TESTS IN
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NAME			NAME	IN THIS SPA	UE ()
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TITLE			TITLE: (4) 12 11 12		
NAME	The second secon	100	NAME 1		
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C)TY-ST-ZIP 1	distribution of the total standard with a	., 5	CITY: ST-ZIP	ction 110 07/2)(i) Florida Catalana La dis-	differentian
 indicated o 	in this report or supplemental report is t	rue and accusete and that	my signature shall have the :	ction 119.07(3)(i), Florida Statutes, I further ce same legal effect as if made under oath; that I	am an officer or director
or the corp attachment	oration or the receiver or trustee empo t with an address, with all other like emp	powered.	an as required by Chapter 6	07, Florida Statutes: and that my name appea	IS ID DIOCK 11 OF OR BU
	5)MX	1- F	M. KAHOB	: 2/11/0: 904-0	106.9000
SIGNATURE: SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECT					