

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90314 037 ***150.00

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DOCUMENT # P98000011746

1. Entity Name
ONESOURCE SERVICES CORPORATION



Principal Place of Business
**1600 PARKWOOD CIR
#400
ATLANTA GA 30339**

Mailing Address
**C/O CARLISLE
4800 NORTH FEDERAL HWY STE 200-B
BOCA RATON FL 33431-3408**



2. Principal Place of Business

3. Mailing Address

1600 Parkwood Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn:

Suite 400 Corporate Tap

City & State

City & State

Atlanta, Georgia

Zip

Country

Zip

Country

30339

U.S.

4. FEI Number

65-0936680

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GAZE, PETER	
STREET ADDRESS	4800 N FEDERAL HWY #200B	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GEBHARD, ROGER	
STREET ADDRESS	4800 N FEDERAL HWY #200B	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LEVINE, STEVEN J	
STREET ADDRESS	4800 N. FEDERAL HWY., #200B	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	T	<input type="checkbox"/> Delete
NAME	OLBERT, ANN	
STREET ADDRESS	4800 N FEDERAL HWY, #200B	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FRIEDLANDER, SCOTT	
STREET ADDRESS	1600 PARKWOOD CIRCLE #400	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7700 Congress Avenue, Suite 3214	
CITY-ST-ZIP	Boca Raton, Florida 33487	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7700 Congress Avenue Suite 3214	
CITY-ST-ZIP	Boca Raton, Florida 33487	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7700 Congress Avenue Suite 3214	
CITY-ST-ZIP	Boca Raton, Florida 33487	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7700 Congress Avenue Suite 3214	
CITY-ST-ZIP	Boca Raton, Florida 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia L. Bluestein	
STREET ADDRESS	1600 Parkwood Circle #400	
CITY-ST-ZIP	Atlanta Georgia 30339	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Patricia Gibbs Bluestein**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Gibbs Bluestein
Assistant Treasurer

4/21/03
Date

(770) 436-9900
Daytime Phone #

CR2E034 (10/02)