2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000006076 1. Entity Name IMPERIAL STAFFING, L.L.C.						FILED 01 APR 16 PM 2: 42			
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Principal Place of Business Mailing Address 5925 IMPERIAL PARKWAY, SUITE 217 MULBERRY FL 33860 MULBERRY FL 33860 MULBERRY FL 33860				217		SECRETARY OF STATE TALLAHASSEE, FL O RIDA			
2. Principal F	Place of Business	3. Mailing Address	Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State	City & State			4. FEI Number Applied For Not Applied by Not Applied Por			
Zip	Country	Zip	Zip Country			5. Certificate of Status Desired Status Desired Fee Required			
	6. Name and Address of Current	Registered Agent		Nama	7. Name	and Address of New Register	ed Agent		1
BRYANT, THOMAS J				Name Street Address (P.O. Box Number is Not Acceptable)					
114 N. TI			00007400		anison is Not Nooptabley			$\left\{ \right\}$	
LAKELAN	D FL 33801			City			Zip Coo	le	-
9 The above	named entity submits this statement for	r the purpose of changing its	ranietara		nictored agent (<u> </u>	Zip Cod		1
SIGNATURE .	Signature, typed or printed name of registered agent a								
	Signature, typed or printed name or registered agent a				equired when reinstatir	<u>*************************************</u>			
Make Check Payar				FEE IS \$50 Departme	1	04 (05 (04 04444 000			
9. MANAGING MEMBERS / MEMBERS TILLE PROJECTS TO Delete						ADDITIONS/CHANC		M Addition	6
TITLE NAME	Steve Coleman	☐ Delete	TITLE				☐ Change	Addition	(11/0
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					CR2E083 (11/00)
TITLE	Mulberry, FL 3386	□ Defete	TITLE				☐ Change	☐ Addition	SRZE
NAME STREET ADDRESS CITY-ST-ZIP	,			ET ADDRESS ST-ZIP				•	
TITLE - NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE NAMI STRE	ET ADDRESS			Change	- 🔲 Addition	
TITLE		☐ Delete	CITY	ST-ZIP			Change	Addition	ł
NAME STREET ADDRESS CITY-ST-ZIP		_ 5000	NAME STREE	ŀ		÷	onango		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ET ADDRESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE				☐ Change	Addition	
11. I hereby c	ertify that the information supplied with on this report is true and accurate and in	that my signature shall have t	the exer	nption stated legal effect a	is if made under	oath; that I am a managing mer	certify that the i	nformation er of the	