

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90084 010 ****50.00

DOCUMENT # L00000006076

1. Entity Name
IMPERIAL STAFFING, L.L.C.

Principal Place of Business
**5925 IMPERIAL PARKWAY, SUITE 217
 MULBERRY FL 33860**

Mailing Address
**5925 IMPERIAL PARKWAY, SUITE 217
 MULBERRY FL 33860**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5925 Imperial Parkway
 Suite, Apt. #, etc.
Suite 216

3. Mailing Address
5925 Imperial Parkway
 Suite, Apt. #, etc.
Suite 216

City & State
Mulberry, FL
 Zip
33860 Country
USA

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Mulberry, FL
 Zip
33860 Country
USA

4. FEI Number **59-3649430**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BRYANT, THOMAS J
 114 N. TENNESSEE AVE., SUITE 202
 LAKELAND FL 33801**

7. Name and Address of New Registered Agent

Name **Steve Coleman**
 Street Address (P.O. Box Number is Not Acceptable)
5925 Imperial Parkway
Suite 216
 City **Mulberry** FL Zip Code **33860**

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 *Steve Coleman*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	COLEMAN, STEVE	5925 IMPERIAL PKWY., STE 217	MULBERRY FL 33860	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Coleman, Steve	5925 Imperial Pkwy, Suite 216	Mulberry, FL 33860	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Steve Coleman* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/27/02 **(863) 709-0285**
 Date Daytime Phone #

CR2E083 (9/01)