

2000 UNIFORM BUSINESS REPORT (UBR)

0005192 AF

DOCUMENT # M98000001409

1. Entity Name
INTERIM SERVICES ATLANTIC LLC

FILED

00 APR 11 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2050 SPECTRUM BOULEVARD
FORT LAUDERDALE FL 33309

Mailing Address
2050 SPECTRUM BOULEVARD
FORT LAUDERDALE FL 33309-3008



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0873260**

Applied For
Not Applicable

Zip Country

Zip Country

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

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.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR Delete
NAME MARCY, RAYMOND
STREET ADDRESS 2050 SPECTRUM BOULEVARD
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR Delete
NAME KRAUSE, ROY G
STREET ADDRESS 2050 SPECTRUM BOULEVARD
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR Delete
NAME LIVONIUS, ROBERT
STREET ADDRESS 2050 SPECTRUM BOULEVARD
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR Delete
NAME SMITH, JOHN B
STREET ADDRESS 2050 SPECTRUM BOULEVARD
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE Manager Change Addition
NAME Lisa G. Islesias
STREET ADDRESS 2050 Spectrum Blvd.
CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Matthew Smith SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
DATE: 4/7/00 DATE
DAYTIME PHONE #: 954-938-7600 DAYTIME PHONE #

CR2E083 (9/99)