2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000001442 1. Entity Name EYEMPI ARY REPEOPMANICE SOLUTIONS 1.4.C								pro- L s				
EXEMPLARY PERFORMANCE SOLUTIONS, L.L.C.								FILED				
Principal Place of Business Mailing Address								01 FEB -8: PM 2: 00				
3009 W LAWN : TAMPA FL 3361	AVE	5	Mailing Address 3009 W LAWN AVE TAMPA FL 33611	3009 W LAWN AVE			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business 3. Mailing Address								T TODULON BUT ONLY OBSIL ARVÍT	BUILL BUSSI BUSSI B	NERI ISUSI OLDIS	01610 ((0) (00)	
Suite, Apt. #, etc. Suite, Apt. #, etc.								DO NOT WRITE IN THIS SPACE				
City & State			City & State	City & State			4. FEI N	lumber 93625329		<u> </u>	plied For	}
Zip Country		Zip	Zip Cour				icate of Status Desired		55.00 Add	fitional		
	6. Name	and Address of Cur	rent Registered Agent	<u> - </u>			7. Name	and Address of New		<u>-</u>		1
FFDOLICON		-			Name							
FERGUSON, JOHN E 3009 W LAWN AVE					Street A	ddress (P.	ss (P.O. Box Number is Not Acceptable)					
TAMPA FL 33611												
					City				FL	Zip Code	e	1
8. The above na	amed entity	submits this stateme	ent for the purpose of changing	its registere	ed office or	r registered	d agent, o	or both, in the State of F	orida.	4		1
SIGNATURE								·				
Sig	gnature, typed	or printed name of registered	agent and title if applicable. (N	OTE: Registere	d Agent signate	ure required w	hen reinstation	JO) ,	DATE			ł
			FILE Make Check	NOW!!! Payable t			State					
9.		MANAGING MI		10.				ADDITIONS	/CHANGES		·- <u>-</u>	ł
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11. I hereby cert	tify that the	information supplied	with this filing does not qualify	for the exer	nption stat	ted in Sect	ion 119.0	7(3)(i) Florida Statutes	I further certif	v that the in	formation	
indicated on limited liabilit	unis report ty compan	is true and accurate y or the receiver or tri	and that my signature shall have a stee empowered to execute the	e the same s report as	required b	ct as if mad by Chapter	de under 608, Fioi	oatn; that I am a mana ida Statutes.	ging member	or manager	of the	
01011		Carlana.	IN SOLOWAN	្ត ស្រែក	Ţ		,	-26-01	J. 2 00	7 25	99	
SIGNATU	HE: SIGNATURE A	NO TYPED OR PRINTED NA	ME OF SIGNING MANAGING MEDISOR, N	IANAGER, OR	AUTHORIZED	REPRESENT		Date 9	313-83 Day	time Phone #	<u> </u>	