

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90048 044 ****50.00

DOCUMENT # L00000001442

1. Entity Name
EXEMPLARY PERFORMANCE SOLUTIONS, L.L.C.



Principal Place of Business

3009 W LAWN AVE
TAMPA FL 33611

Mailing Address

3009 W LAWN AVE
TAMPA FL 33611

2. Principal Place of Business

4130 39th STREET S
Suite, Apt. #, etc.

3. Mailing Address

4130 39th STREET S
Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number 59-3625329

Applied For

Not Applicable

Zip

Country

33711

FLORIDA

Zip

Country

33711

FLORIDA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERGUSON, JOHN E
3009 W LAWN AVE
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name

FERGUSON, JOHN E

Street Address (P.O. Box Number is Not Acceptable)

4130 39th STREET SOUTH

City

ST. PETERSBURG

FL

Zip Code

33711

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: *John E. Ferguson*
Signature, typed or printed name of registered agent and title if applicable.

JOHN E. FERGUSON

1-13-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARLOW, LORI A 1569 MILFORD CREEK LANE MARIETTA GA 30008	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERGUSON, JOHN 3009 W LAWN AVE TAMPA FL 33611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GATREL, CRAIG 3009 W LAWN AVE TAMPA FL 33611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAPLES, PAUL 5209 HALIFAX AVENUE SOUTH EDINA MN 55424	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN, NANCY 2661 RIDGEMORE ROAD ATLANTA GA 30318	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERGUSON, JOHN E 4130 39th STREET SOUTH ST. PETERSBURG, FL 33711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GATREL, CRAIG 4130 39th STREET SOUTH ST. PETERSBURG, FL 33711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN, NANCY 331 GLENDALE AVE. DECATUR, GA 30030	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

John E. Ferguson

JOHN E. FERGUSON 1-13-03 727-906-9303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)