

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90580 050 \*\*\*\*50.00

**DOCUMENT # L00000010403**

1. Entity Name

**MORGANSTAFFING.COM LLC**

Principal Place of Business

**7850 N.W. 146TH STREET, SUITE 504  
 MIAMI LAKES FL 33016**

Mailing Address

**7850 N.W. 146TH STREET, SUITE 504  
 MIAMI LAKES FL 33016**

2. Principal Place of Business

**P.O. Box 60252**

3. Mailing Address

**P.O. Box 60252**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT. MYERS, FL**

City & State

**FT. MYERS, FL**

4. FEI Number

**65-1036807**

Applied For

Not Applicable

Zip

**33906-6252**

Country

**USA**

Zip

**33906-6252**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**WINGER, ROBERT E SR  
 7850 N.W. 146TH STREET, SUITE 504  
 MIAMI LAKES FL 33016**

7. Name and Address of New Registered Agent

Name **WINGER, ROBERT E. SR.**

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

**1625 RED CEDAR DR.**

**APT. #8**

City

**FT. MYERS**

**FL**

Zip Code **6252**  
~~33901-7000~~

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

*R.E. Winger* **R.E. WINGER, SR.**

**4/25/02**

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 **MGR** ☐ Delete  
 NAME **WINGER, ROBERT E SR**  
 STREET ADDRESS **7850 NW 146TH ST., STE 504**  
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
 NAME **WINGER, ROBERT E. SR.**  
 STREET ADDRESS **1625 RED CEDAR DRIVE, APT. #8**  
 CITY-ST-ZIP **FT. MYERS, FL 33906-7606**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*R.E. Winger* **R.E. WINGER, SR.**

**4/25/02**

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

Date

Daytime Phone #

CR2E083 (9/01)