

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011465

1. Entity Name  
EMPLOYMENT DATA GROUP, LLC

FILED

01 AUG -6 AM 8:47

Principal Place of Business  
605 CRESCENT EXECUTIVE COURT, SUITE 300  
LAKE MARY FL 32746

Mailing Address  
605 CRESCENT EXECUTIVE COURT, SUITE 300  
LAKE MARY FL 32746

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
1010 WINDERLEY PLACE

3. Mailing Address  
1010 WINDERLEY PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 119

UNIT 119

City & State

City & State

MAITLAND, FL

MAITLAND, FL

Zip

Zip

32751

Country

USA

Country

USA

4. FEI Number

59-3669893

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COX, DAMON R  
605 CRESCENT EXECUTIVE COURT, SUITE 300  
LAKE MARY FL 32746

Name

COX, DAMON R

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

1010 WINDERLEY PLACE

UNIT 119

City

MAITLAND

FL

Zip Code

32751

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/31/01

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PRESIDENT  
DAMON R. COX  
1010 WINDERLEY PLACE, UNIT 119  
MAITLAND, FL 32751

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

900004524899-5

☐ Change ☐ Addition

-08/08/01--01090--004

\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*Damon R. Cox*

7/31/01

407-667-4724

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

Date

Daytime Phone #

CR2E083 (11/00)