## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L00000013017

## ADVANCED PEOPLE SOLUTIONS LLC

Principal Place of Business 1664 VICTORIA POINTE LANE

Mailing Address 1664 VICTORIA POINTE LANE WESTON FL 33327 WESTON FL 33327 2. Principal Place of Business 3. Mailing Address 9050 Pines BIND 1664 Victoria Pointe LANC Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # Suite City & State City & State 4. FEI Number 65-1055412 Applied For Pen broke e)eStow Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 33327 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **CORPORATION SERVICE COMPANY** 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 City 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. I am familiar with, and accept the obligations of registered agent SIGNATURE name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES mile 3 Line ☐ Delete NAME /ACTORIS ☐ Change ☐ Addition HORTON, GREGORY S MEMBER! NAME STREET ADDRESS 1664 VICTORIA POINTE LANE STREET ADDRESS CITY-ST-ZIP WESTON FL 33327 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS

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.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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

FILED

Sep 04, 2002 8:00 am Secretary of State

09-04-2002 90095 004 \*\*\*\*55.00