

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

01 MAY -3 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000016317

1. Entity Name

CORE EMPLOYER SERVICES, LLC

Principal Place of Business

12600 S. Belcher Rd.  
Suite 104  
Largo, FL 33773

Mailing Address

P.O. Box 960  
Largo, FL 33779-0960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

Edgar O. Rawls, Co-Managing Member  
12600 S. Belcher Rd., Ste. 104  
Largo, FL 33773

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

Edgar O. Rawls

SIGNATURE

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**

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition  
NAME Co-Managing Member  
STREET ADDRESS Ian F. Irwin  
CITY-ST-ZIP 222 Second Street North  
St. Petersburg, FL 33701

TITLE ☐ Change ☒ Addition  
NAME Co-Managing Member  
STREET ADDRESS Edgar O. Rawls  
CITY-ST-ZIP 12600 S. Belcher Rd., Ste. 104  
Largo, FL 33773

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 800004335208--9  
CITY-ST-ZIP -05/31/01--01009--006

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS \*\*\*\*\*50.00 \*\*\*\*\*50.00  
CITY-ST-ZIP

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

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.

Edgar O. Rawls, Co-Managing Member

SIGNATURE:

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

04/30/01 (727) 535-2673

Date

Daytime Phone #

CR2E083 (11/00)