

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90576 026 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000016317			
1. Entity Name CORE EMPLOYER SERVICES, LLC			
Principal Place of Business 12600 S. BELCHER RD., STE. 104 LARGO, FL 33773		Mailing Address P.O. BOX 960 LARGO, FL 32779-0960	
2. Principal Place of Business 6161 9 ST. N.		3. Mailing Address 6161 9 ST. N.	
Suite, Apt. #, etc. # 204		Suite, Apt. #, etc. # 204	
City & State ST. PETERSBURG FL		City & State ST. PETERSBURG FL	
Zip 33703	Country USA	Zip 33703	
		Country USA	
4. FEI Number 59-3695962		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent RAWLS, EDGAR O 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) 6161 9 ST. N. # 204 City ST. PETERSBURG FL Zip Code 33703	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when maintaining) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRWIN, IAN F 222 SECOND ST. NORTH ST. PETERSBURG, FL 33701 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 333 THIRD AVE N. ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAWLS, EDGAR O 12600 S. BELCHER RD., STE. 104 LARGO, FL 33773 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6161 9 ST. N. # 204 ST. PETERSBURG FL 33703
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 606, Florida Statutes.			
SIGNATURE: 		4-30-03 727-520-7676	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	

CR2E083 (10/02)