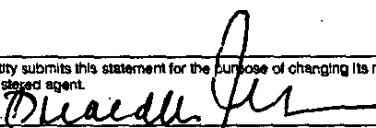
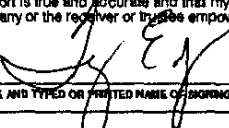


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000009380			
1. Entity Name JOBSITE SOLUTIONS, LLC			
Principal Place of Business 5771 MINING TERRACE ROAD UNIT 202 JACKSONVILLE, FL 32257 US		Mailing Address 1000 SPINKS ROAD FLOWER MOUND, TX 75028 US	
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 01-0603252		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RHODES, RUSSELL 1264 WINDY WILLOWS DRIVE JACKSONVILLE, FL 32225		7. Name and Address of New Registered Agent Name Gerald W. Weedon Street Address (P.O. Box Number is Not Acceptable) Suite 800 1200 Riverplace Blvd. City Jacksonville FL Zip Code 32207	
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  DATE 5/6/03 Signature, typed or printed name of registered agent and date applicable. (NOTE: Registered Agent signature required when changing.)			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDGEMON, TRACY D 5319 NAKOMA DALLAS, TX 75209	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANIELS, JAMES A JR. 15 BELLFLOWER COURT PRINCETON, NJ 08540	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
10. ADDITIONS/CHANGES		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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:  DATE 5/12/03 OFFICE PHONE # 972-539-2671 SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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