

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90763 024 ****50.00

DOCUMENT # L02000034191

1. Entity Name



EMPLOYMENT DATA RESEARCH, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

356 Englenook Drive

PO Box 530937

Suite, Apt. #, etc.
Suite #100

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
De Bary FL

City & State
De Bary, FL

4. FEI Number

33-1034478

Applied For

Not Applicable

Zip
32753

Country
USA

Zip
32753-0937

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Ron Morgan

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

356 Englenook Drive #100

City De Bary

FL

Zip Code
32753

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

Ronald W. Morgan

3/4/03
DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE CEO - MGRM
NAME Ron Morgan
STREET ADDRESS 356 Englenook Dr. #100
CITY-ST-ZIP DeBary FL 32753

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President - MGRM
NAME Michael Campbell
STREET ADDRESS 356 Englenook Dr. #100
CITY-ST-ZIP DeBary FL 32753

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**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/02)

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:

Ronald W. Morgan

3/4/03

386-668-1650

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

Date

Daytime Phone #