2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9400000511 1. Entity Name CORE SOURCE, L.C.					FILED				
Principal Place of Business Mailing Address					01 MAR 16 PM 4: 25				
P.O. BOX 55	1260	P.O. BOX 551260 JACKSONVILLE FL 32255		SECRETARY OF STATE FALLAHASSE, FLORIDA					
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Principal Place of Business 3. Mailing Address					.				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat		City & State		. <u>.</u>	4. FEI Nu	^{imber} 59-3275235		No	oplied For ot Applicable
عد− Zip =-د	Country	Zip -	Country		5. Certific	cate of Status Desired		5.00 Add	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
SCHNEIDER, MICHAEL N 5150 BELFORT ROAD, BUILDING 100				Street Address (P.O. Box Number is Not Acceptable)					
JACKSON	WILLE FL 32256		City		FL		Zip Code		
8. The above	named entity submits this statement f	or the purpose of changing its re	gistered office of	r registere	ed agent, or	both, in the State of Flori		·	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required w								 .	<u> </u>
	Signature, typed or printed name of registered agen			· <u>-</u>	when reinstating		DATE		
		FILE NOV Make Check Paya	V!!! FEE IS : ible to Depart	•	State				
9.	MANAGING MEME	BERS/MEMBERS	10.			ADDITIONS/C	CHANGES		
TITLE	MGR	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	HARRIS, FORREST J 2014 W. BEAVER STREET JACKSONVILLE FL 32209	•	NAME STREET ADDRESS CITY-ST-ZIP						
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CITY-ST-ZIP			CITY-ST-ZIP	l _				•	
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11. I hereby c indicated imited limited	ertify that the information supplied with	n this filing does not qualify for the	CITY-ST-ZIP e exemption sta same legal effe	ted in Sec	tion 119.07	(3)(i), Florida Statutes. I f eath; that I am a managin	urther certifying member of	that the in or manage	nformation r of the
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 any 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 of reverse empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: SIGNATURE AND TYPES OR PORTEO NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #									