FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Jan 22, 2002 8:00 am DOCUMENT # L9900000538 Secretary of State 1. Entity Name 01-22-2002 90094 035 ****50 00 M.E. WILSON CUSTOM STAFFING, L.L.C. Principal Place of Business Mailing Address 300 WEST PLATT ST. PO BOX 373 TAMPA FL 33606 **TAMPA FL 33601** 908166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3605819 Not Applicable Zip Country Country \$5.00 Additional 5.-Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIORDANO, JOHN N Street Address (P.O. Box Number is Not Acceptable) 220 SOUTH FRANKLIN STREET **TAMPA FL 33602** City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Addition ☐ Delete Change NAME KING, GUY III NAME STREET ADDRESS 300 WEST PLATT ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition KING, DOUGLAS W NAME NAME STREET ADDRESS 300 WEST PLATT ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33606 MGRM TITLE ☐ Delete Change Addition NAME PONTENBERG, BETH B NAME STREET ADDRESS 300 WEST PLATT ST. STREET ADDRESS CITY-ST-ZIP TAMPA FL 33606 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. It 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.