

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005999

1. Entity Name

EXACT STAFF, L.L.C.

Principal Place of Business

Mailing Address

2007 Willow Lauren Lane  
Windermer, FL 34786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MARK E. THOMPSON  
2007 Willow Lauren Lane  
Windermer, FL 34786

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

9.

MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete  
NAME THOMPSON, MARK E  
STREET ADDRESS 2007 Willow Lauren Lane  
CITY-ST-ZIP Windermer, FL 34786

TITLE MGR ☐ Delete  
NAME WORSOWICZ, JOHN M.  
STREET ADDRESS 4127 TORINO PL  
CITY-ST-ZIP Jacksonville, FL 32244

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10.

ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME THOMPSON, MARK E  
STREET ADDRESS 2007 Willow Lauren Lane  
CITY-ST-ZIP Windermer, FL 34786

TITLE MGRM ☒ Change ☐ Addition  
NAME WORSOWICZ, JOHN M.  
STREET ADDRESS 4127 TORINO PL  
CITY-ST-ZIP Jacksonville, FL 32244

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

APPROVED  
AND  
FILED

00 JUN 27 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CR2E083 (11/99)