

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006333

1. Entity Name  
WORKFORCE SOLUTIONS I, LLC

Principal Place of Business  
1801 CENTREPARK DRIVE EAST, STE 100  
WEST PALM BEACH FL 33401

Mailing Address  
1801 CENTREPARK DRIVE EAST, STE 100  
WEST PALM BEACH FL 33401

FILED

01 MAY -2 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2501 South Ocean Drive  
Suite, Apt. #, etc.  
Suite 915

3. Mailing Address  
2501 South Ocean Drive  
Suite, Apt. #, etc.  
Suite 915

City & State  
Hollywood, FL

City & State  
Hollywood, FL

4. FEI Number 65-0951557

Applied For  
Not Applicable

Zip Country  
33019 USA

Zip Country  
33019 USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139

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

10. ADDITIONS/CHANGES

TITLE MEM  
NAME BREEDLOVE, JAMES L  
STREET ADDRESS 1801 CENTRE PARK DRIVE, STE. 100  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE MEMBER ☒ Change ☐ Addition  
NAME Breedlove, James L  
STREET ADDRESS 2501 South Ocean Drive, STE 915  
CITY-ST-ZIP Hollywood, FL 33019

TITLE MEM  
NAME WALLACE, CHARLES E  
STREET ADDRESS 1801 CENTREPARK DRIVE EAST, STE 100  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE MANAGING MEMBER ☒ Change ☐ Addition  
NAME Wallace, Charles E  
STREET ADDRESS 2501 South Ocean Drive, STE 915  
CITY-ST-ZIP Hollywood, FL 33019

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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TITLE  
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CITY-ST-ZIP ☐ Delete

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 608, Florida Statutes.

Charles E. Wallace, Managing Member

SIGNATURE: Charles E. Wallace

04/30/01 (954) 921-5622

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

Date Daytime Phone #

0013289 AF

CR2E083 (11/00)