

2001 UNIFORM BUSINESS REPORT (UBR)

0013366 AF

DOCUMENT # L99000006335

1. Entity Name
WORKFORCE SOLUTIONS III, 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
2001 MAY -2 AM 10:17



2. Principal Place of Business 2501 South Ocean Drive	3. Mailing Address 2501 South Ocean Drive
Suite, Apt. #, etc. Suite 915	Suite, Apt. #, etc. Suite 915
City & State Hollywood, FL	City & State Hollywood, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0951561	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES INC 941 4TH STREET, #200 MIAMI BEACH FL 33139
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BREEDLOVE, JAMES L 1801 CENTREPARK DRIVE EAST, STE 100 WEST PALM BEACH FL 33401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WALLACE, CHARLES E 1801 CENTREPARK DRIVE EAST, STE 100 WEST PALM BEACH FL 33401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER Charles E. Wallace 2501 South Ocean Drive, STE 915 Hollywood, FL 33019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER Workforce Solutions I, LLC 2501 South Ocean Drive, STE 915 Hollywood, FL 33019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Charles E. Wallace* **Charles E. Wallace, Manager** **04/30/01 (954) 921-5622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)