

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006338

1. Entity Name
WORKFORCE SOLUTIONS VI, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 16 AM 10:34
mf322/00

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 33401-7422



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0951574	Applied For 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 _____

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

9. MANAGING MEMBERS/MEMBERS	
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
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Member JAMES L. BREEDLOVE 1801 CENTRE PARK DR. E. STE 100 WEST PALM BEACH, FL. 33401	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Member CHARLES E. WALLACE 1801 CENTRE PARK DR. E. STE 100 WEST PALM BEACH, FL. 33401	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
- 9000003188889-5 -03/29/00--01072--010 *****50.00	
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: SIGNATURE REQUIRED James L. Breedlove 3/9/00 561-697-9477

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