

# 2001 UNIFORM BUSINESS REPORT (UBR)

0027580 AF

DOCUMENT # L99000007516

1. Entity Name

ADVANTAGE LEASING AND STAFFING, L.L.C.

FILED

01 APR 13 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5649 E. COLONIAL DRIVE, SUITE 103  
ORLANDO FL 32807

Mailing Address

P.O. BOX 574992  
ORLANDO FL 32857

2. Principal Place of Business

201 East Pine Street  
Suite, Apt. #, etc.  
Suite 445

3. Mailing Address

← SAME AS Place of business  
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip

32837

Country  
USA

Country

4. FEI Number

59-3642659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

O'DONNELL, MICHAEL J  
3141 S. CANAL DRIVE  
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name

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

201 E. Pine Street #445

City

Orlando

FL

Zip Code

32801

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]*

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

3000004036133--E  
-04/20/01--01098--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGRM O'DONNELL, MICHAEL J 3141 S. CANAL DR. PALM HARBOR FL 34684 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition  
201 E. Pine St #445 Orlando FL 32801

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

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

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.

SIGNATURE:

*[Signature]*

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

Date

4/10/01

Daytime Phone #

4074472939

CR2E083 (11/00)