

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 199000007518
Entity Name

Advantage Leasing & Staffing, I, L.L.C.

Principal Place of Business Mailing Address

5649 E. Colonial Drive, Suite 103
Orlando, FL 32807

Principal Place of Business

3. Mailing Address

P.O. Box 574992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

4. FEI Number

59-3642666

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

32857

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'Donnell, Michael J.
3141 South Canal Drive
Palm Harbor, FL 34684

Name

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

City

FL

Zip Code

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

MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

MANAGING MEMBERS/MEMBERS	ADDITIONS/CHANGES
<p>O'Donnell, Michael J. <input type="checkbox"/> Delete 3141 S. CANAL DRIVE (MGRM) PALM HARBOR, FL. 34684</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP</p>
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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 #

083 (11/99)