2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900007518

ADVANTAGE LEASING & STAFFING I, L.L.C.

Principal Place of Business

Mailing Address

201 EAST PINE STREET, SUITE 445

ORLANDO FL 32801

P.O. BOX 574993

2. Principal Place of Business 27 NORTH SUMMERLIN AVE. Suite, Apt. #, etc. Cry & State OR NOT WHITE IN THIS SPACE Applies For North Applicable Processing Country SA Suite A. FEI Number 59-3842686 Applies For North Applicable Processing Country SA Suite A. FEI Number 59-3842686 Applies For North Applies For People of Country SA Suite A. Fei Number 69-3842686 Applies For North								
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Similar Address Country Similar Address Country Similar Address Changes Change Ch	t. #, etc.		_			DO NOT WRITE IN THIS	SPACE	
6. Name and Address of Current Registered Agent O'DONNELL MICHAEL J 201 EAST PINE STREET, SUITE 445 ORLANDO FL 3201 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature types of printed nerve of improved agent and files it sections	ANDO , FL	City & State			4. FEI Number	00 00 12 000		
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Name	6. Name and Address of Curren	it Registered Agent		-	7. Name and Add	ress of New Registered		-
201 EAST PINE STREET, SUITE 445 ORLANDO FL 32801 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE MANAGING MEMBERS/MANAGERS MA	ONNELL MOLLET	and the same of th		Name		.	7.00	
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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 fly 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.

CITY-ST-ZIP

CITY-ST-7IP

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

Date

Daytime Phone #

FILED

Jul 18, 2002 8:00 am Secretary of State 07-18-2002 90135 013 ****50.00