

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **MO00000000623**

1. Entity Name

**Staffing Risk Solutions, LLC**

Principal Place of Business

Mailing Address

**2800 N. Commercial Boulevard  
Suite 105  
Ft. Lauderdale, Florida 33309**

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

**58-2531735**

Applied For

Not Applicable

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

**Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301**

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

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**

**600004368406--1**

**-06/06/01--01098--018**

**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	<b>President &amp; CEO</b> <input type="checkbox"/> Delete
NAME	<b>Thomas A. Golub</b>
STREET ADDRESS	<b>4401 Northside Pkwy, #500</b>
CITY-ST-ZIP	<b>Atlanta, GA 30320</b>
TITLE	<b>Gr. V.P. and Secretary</b> <input type="checkbox"/> Delete
NAME	<b>Douglas J. MacSquire</b>
STREET ADDRESS	<b>4401 Northside Pkwy, #500</b>
CITY-ST-ZIP	<b>Atlanta, GA 30320</b>
TITLE	<b>Gr. V.P. &amp; CFO</b> <input type="checkbox"/> Delete
NAME	<b>Bret D. Aughey</b>
STREET ADDRESS	<b>4401 Northside Pkwy, #500</b>
CITY-ST-ZIP	<b>Atlanta, GA 30320</b>
TITLE	<b>Vice President</b> <input type="checkbox"/> Delete
NAME	<b>Michael J. McGowan</b>
STREET ADDRESS	<b>2800 W. Commercial Blvd</b>
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33309</b>
TITLE	<b>Treasurer</b> <input type="checkbox"/> Delete
NAME	<b>T. Gregory Richardson</b>
STREET ADDRESS	<b>4401 Northside Pkwy, #500</b>
CITY-ST-ZIP	<b>Atlanta, GA 30320</b>
TITLE	<b>Assistant Secretary</b> <input type="checkbox"/> Delete
NAME	<b>Carla M. Brown</b>
STREET ADDRESS	<b>4401 Northside Pkwy, #500</b>
CITY-ST-ZIP	<b>Atlanta, GA 30320</b>

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

CR2E083 (11/00)