

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002021

1. Entity Name

ACTION LABOR OF FLORIDA, LLC

Principal Place of Business

900 OSCEOLA DR., STE. 222  
WEST PALM BEACH FL 33409

Mailing Address

900 OSCEOLA DR., STE. 222  
WEST PALM BEACH FL 33409

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

65-1038622

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME **MGR**  
STREET ADDRESS **ACTION LABOR MANAGEMENT, LLC**  
CITY-ST-ZIP **900 OSCEOLA DR, SUITE 222**  
**WEST PALM BEACH, FL 33409**

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**000004418900--3**  
**-06/13/01--01103--002**  
**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

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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 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 #

0013795 AF

CR2E083 (11/00)

FILED  
01 MAY 25 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE