

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90298 017 \*\*\*150.00

**DOCUMENT # F00000003303**

1. Entity Name  
**ALLSTAFF MANAGEMENT, INC.**

Principal Place of Business 575-K OLD NORCROSS ROAD LAWRENCEVILLE GA 30045	Mailing Address P.O. BOX 48 LAWRENCEVILLE GA 30046-0048
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645384



DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>58-1531342</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CORPDIRECT AGENTS 103 NORTH MERIDIAN STREET, LOWER LEVEL TALLAHASSEE FL 32301				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		State		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REICHEL, JEFFREY			NAME			
STREET ADDRESS	197 TIMBERLOST TRAIL			STREET ADDRESS			
CITY-ST-ZIP	SUWANEE GA 30024			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REICHEL, BEVERLY			NAME			
STREET ADDRESS	197 TIMBERLOST TRAIL			STREET ADDRESS			
CITY-ST-ZIP	SUWANEE GA 30024			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHERN, RON			NAME			
STREET ADDRESS	3751 CLUBLAND DRIVE			STREET ADDRESS			
CITY-ST-ZIP	MARIETTA GA 03368			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHERN, LOIS			NAME			
STREET ADDRESS	3751 CLUBLAND DRIVE			STREET ADDRESS			
CITY-ST-ZIP	MARIETTA GA 03368			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: \_\_\_\_\_ Date: 4/20/01 Daytime Phone #: 770-339-0000

CR2E034 (10/00)