

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90055 020 \*\*\*150.00

DOCUMENT # P96000069971

1. Entity Name

**EXPRESS HUMAN RESOURCES OF FLORIDA, INC.**

Principal Place of Business	Mailing Address
ONE FINANCIAL CENTRE, SUITE 141 650 S. SHACKLEFORD LITTLE ROCK AR 72211	ONE FINANCIAL CENTRE, SUITE 141 650 S. SHACKLEFORD LITTLE ROCK AR 72211-3527



DO NOT WRITE IN THIS SPACE

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	71-0795359	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75-Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELEY, REX		NAME	Gregory H. Browne	
STREET ADDRESS	1 FIN. CNTR. STE. 141, 650 S SHACKLEFORD		STREET ADDRESS	818 Howard St	
CITY-ST-ZIP	LITTLE ROCK AR 72211		CITY-ST-ZIP	New Orleans, LA 70113	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	COO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, THOMAS N		NAME	Barry I Carlson	
STREET ADDRESS	6300 N.W. EXPRESSWAY		STREET ADDRESS	650 S. Shackelford #141	
CITY-ST-ZIP	OKLAHOMA CITY OK 73132		CITY-ST-ZIP	Little Rock, AR 72211	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLOGLY, DAVID		NAME		
STREET ADDRESS	6300 NW EXPRESSWAY		STREET ADDRESS		
CITY-ST-ZIP	OKLAHOMA CITY OK		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOUGH, DEBBIE E.		NAME		
STREET ADDRESS	13819 NAPOLEON RD.		STREET ADDRESS		
CITY-ST-ZIP	LITTLE ROCK AR 72211		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JAMES		NAME		
STREET ADDRESS	650 S SHACKLEFORD #141		STREET ADDRESS		
CITY-ST-ZIP	LITTLE ROCK AR 72211		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 like empowered.

SIGNATURE: *X Debbie E. Blough* **DEBBIE E. BLOUGH** 4/26/00 501-221-2503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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**AFFIDAVIT OF OFFICERS AND/OR DIRECTORS**

The undersigned, having been duly sworn, deposes and states to the best of their knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

1. The name of the corporation is PeopleWorks of FloridaII, Inc.
2. The current names and addresses of the officers are:

Titles	Names	Addresses
President, CEO, CFO, Secretary, and Treasurer	Gregory H. Browne	818 Howard Avenue, New Orleans, LA 70113
Senior VP	Debbie Blough	650 S. Shackleford, Su141, Little Rock, AR 72211

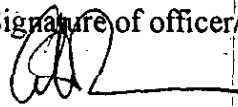
3. The current names and addresses of the directors are:

	Names	Addresses
Chairman	Gregory H. Browne	818 Howard Avenue, New Orleans, LA 70113
	Debbie Blough	650 S. Shackleford, Su.141, Little Rock, AR 72211

The above listed officers and directors were elected by the members, directors or shareholders in accordance with the provisions of Chapter 617, Florida Statutes.

Further affiant sayeth not.


Signature of officer/director

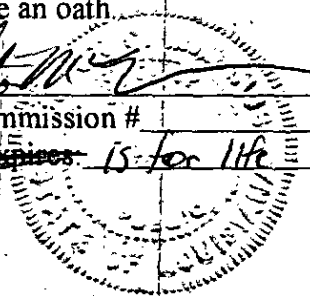


Gregory H. Browne

STATE OF LOUISIANA  
PARISH OF ORLEANS

The foregoing instrument was acknowledged before me this 3rd day of January, 2000, by Gregory H. Browne, who is personally known to me ~~has produced~~ ~~as identification~~ and who did take an oath.

  
Notary Public; Commission #  
My Commission ~~expires~~ is for life



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843778

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Gregory H. Browne

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