

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90090 037 ***150.00

PERSONNEL AT

DOCUMENT # 376096

1. Entity Name

PERSONNEL ONE, INC.

Principal Place of Business

**P. O. BOX 144540
 CORAL GABLES FL 33114-4540**

Mailing Address

**1040 CROWN POINTE PKWY
 SUITE 1040
 ATLANTA GA 30338
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1311691

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
 1406 HAYS STREET
 SUITE #2
 TALLAHASSEE FL 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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ATVP** ☒ Delete
 NAME **TYLER, MARY-KNIGHT**
 STREET ADDRESS **222 W. LAS COLINAS BLVD. #1250**
 CITY-ST-ZIP **IRVING.TX.75039**

TITLE **CFO, Executive VP** ☐ Change ☒ Addition
 NAME **Shawn W. Poole**
 STREET ADDRESS **1040 Crown Pointe Pkwy, Suite 1040 Atlanta, GA**
 CITY-ST-ZIP

TITLE **ATVS** ☐ Delete
 NAME **PETTYJOHN, STAYTON**
 STREET ADDRESS **222 W. LAS COLINAS BLVD. #1250**
 CITY-ST-ZIP **IRVING.TX.75039**

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Dani L. Tidmore**
 STREET ADDRESS **1040 Crown Pointe Pkwy #1040 Atlanta, GA**
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **LONG, MICHAEL D**
 STREET ADDRESS **TWELVE PIEDMONT CENTER SUITE 210**
 CITY-ST-ZIP **ATLANTA GA 30305**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Chris Porras**
 STREET ADDRESS **1040 Crown Pointe Pkwy, #1040 Atlanta, GA**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WAHLEN, EDWIN A JR**
 STREET ADDRESS **TWELVE PIEDMONT CENTER SUITE 210**
 CITY-ST-ZIP **ATLANTA GA 30305**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DAS** ☐ Delete
 NAME **CRAVEY, RICHARD L JR**
 STREET ADDRESS **TWELVE PIEDMONT CENTER, SUITE 210**
 CITY-ST-ZIP **ATLANTA GA 30305**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PCEO** ☐ Delete
 NAME **BICKES, THOMAS A**
 STREET ADDRESS **1040 CROWN POINTE PARKWAY**
 CITY-ST-ZIP **ATLANTA GA 30338**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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)(f), 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02 **770-671-1900**
 Date Daytime Phone #

CR2E034 (9/01)