

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 376096**

1. Entity Name  
**PERSONNEL ONE, INC.**



**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90044 035 \*\*\*150.00

0625772 AT

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**

**90014913**



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 **59-1311691**

Applied For  
Not Applicable

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.**  
**103 N. MERIDIAN STREET**  
**TALLAHASSEE FL 32301-0000**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ATVP**  
**SHAWN, POOLE**  
**1040 CROWN POINTE PKY STE 1040**  
**ATLANTA GA 30338**

☐ Delete

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

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

☐ Delete

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

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

☐ Delete

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

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

☐ Delete

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

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

☐ Delete

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

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

☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/03 770-671-1900**

Date

Daytime Phone #

CR2E034 (10/02)

90014915

*Attachment*  
**PERSONNEL ONE, INC.**

Executive Officers:

# 376096

<u>Name</u>	<u>Title</u>
Thomas A. Bickes	President/CEO
Shawn W. Poole	CFO, Secretary, and Executive Vice President
Chris Porras	Vice President and Controller
Michael D. Long	Vice President
Mike Mancivalano	Vice President
Doni Tidmore	Treasurer
Stayton PettyJohn	Assistant Treasurer, Vice President and Assistant Secretary
Richard L. Cravey, Jr.	Assistant Secretary

Directors:

Richard L. Cravey, Jr.  
 Twelve Piedmont Center, Suite 210  
 Atlanta, Georgia 30305

Michael D. Long  
 Twelve Piedmont Center, Suite 210  
 Atlanta, Georgia 30305

Edwin A. Wahlen, Jr.  
 Twelve Piedmont Center, Suite 210  
 Atlanta, Georgia 30305

Thomas A. Bickes  
 1040 Crown Pointe Parkway  
 Suite 1040  
 Atlanta, GA 30338

Shawn W. Poole  
 1040 Crown Pointe Parkway  
 Suite 1040  
 Atlanta, GA 30338