

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003303

1. Entity Name
ALLSTAFF MANAGEMENT, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90298 017 ***150.00

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

645384



DO NOT WRITE IN THIS SPACE

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

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | DATE _____ | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | | FILE NOW!!! FEE IS \$150.00 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"/> \$5.00 May Be Added to Fees | |

| 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 770-339-0000
Date Daytime Phone

CR2E034 (10/00)