

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001269

1. Entity Name

NORRELL ENTERPRISES CORPORATION OF NEVADA

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90008 006 \*\*\*150.00

Principal Place of Business

Mailing Address

3535 PIEDMONT ROAD. NE  
ATLANTA GA 30305

3535 PIEDMONT ROAD. NE  
ATLANTA GA 30305

2. Principal Place of Business

2050 Spectrum Blvd.

Suite, Apt. #, etc.

3. Mailing Address

2050 Spectrum Blvd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

Zip

33309

Country

City & State

Ft. Lauderdale, FL

Zip

33309

Country

4. FEI Number

58-2207359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HAIN, MARK H	
STREET ADDRESS	3535 PIEDMONT ROAD N E	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAIN, MARK H	
STREET ADDRESS	3535 PIEDMONT ROAD, NE	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CALDWELL, CONNIE	
STREET ADDRESS	3535 PIEDMONT ROAD, NE	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLE, JR MADISON F	
STREET ADDRESS	3535 PIEDMONT RD N E	
CITY-ST-ZIP	ATLANTA FL 30305	
TITLE	ACC	<input type="checkbox"/> Delete
NAME	MCDEVITT, KATHY	
STREET ADDRESS	3535 PIEDMONT RD	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director/Ex.VP/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roy G. Krause	
STREET ADDRESS	2050 Spectrum Blvd	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	Pres./CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raymond Marcy	
STREET ADDRESS	2050 Spectrum Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	Dir./VP/Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa G. Iglesias	
STREET ADDRESS	2050 Spectrum Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	VP/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shannon C. Allen	
STREET ADDRESS	2050 Spectrum Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	Dir/Ex.VP/COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert E. Liunius	
STREET ADDRESS	2050 Spectrum Blvd	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce T. Petersen	
STREET ADDRESS	2050 Spectrum Blvd	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark W. Smith 4/7/00

Date

Daytime Phone #

954-938-7600