

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006686

1. Entity Name

NORRELL RESOURCES CORPORATION

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90008 008 ***150.00

Principal Place of Business

Mailing Address

3535 PIEDMONT RD NE
ATLANTA GA 30305

3535 PIEDMONT RD NE
ATLANTA GA 30305

2. Principal Place of Business

3. Mailing Address

2050 Spectrum Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale, FL

4. FEI Number

58-2207534

Applied For

Not Applicable

Zip

Country

Zip

Country

33309

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, C DOUGLAS 3535 PIEDMONT RD NE ATLANTA GA 30305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRYAN, LARRY J 3535 PIEDMONT RD NE ATLANTA GA 30305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLABUONO, SCOTT L 3535 PIEDMONT RD NE ATLANTA GA 30305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DOUGLAS C 3535 PIEDMONT RD ATLANTA GA 30305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HAIN, MARK 3535 PIEDMONT RD NE ATLANTA GA 30305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLABUONO, SCOTT 3535 PIEDMONT RD NE ATLANTA GA 30305	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres./CEO Raymond Marcy 2050 Spectrum Blvd. Ft. Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/CFO/Ex. U.P. Roy G. Krause 2050 Spectrum Blvd. Ft. Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Treasurer Shannon C. Allen 2050 Spectrum Blvd. Ft. Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/COO/Ex. U.P. Robert E. Livonius 2050 Spectrum Blvd. Ft. Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/U.P./Secretary Lisa G. Iglesias 2050 Spectrum Blvd. Ft. Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Mark W. Smith 2050 Spectrum Blvd. Ft. Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

CR2E034 (9/99)