

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005305

1. Entity Name

STAFFMARK, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90033 050 ***150.00

Principal Place of Business

Mailing Address

302 E. MILLSAP RD.
FAYETTEVILLE AR 72703

302 E. MILLSAP RD.
FAYETTEVILLE AR 72703-4098

2. Principal Place of Business

234 E. Millsap Rd
Suite, Apt. #, etc.

3. Mailing Address

234 E. Millsap Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fayetteville, AR

Zip

72703

Country

USA

City & State

Fayetteville, AR

Zip

72703

Country

USA

4. FEI Number

71-0788538

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	PCEO	<input type="checkbox"/> Delete
NAME	BREWER, CLETE T	
STREET ADDRESS	302 E. MILLSAP RD.	
CITY-ST-ZIP	FAYETTEVILLE AR 72703	
TITLE	SCFO	<input type="checkbox"/> Delete
NAME	BELLORA, TERRY C	
STREET ADDRESS	302 E. MILLSAP RD.	
CITY-ST-ZIP	FAYETTEVILLE AR 72703	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALLISON, GORDON Y	
STREET ADDRESS	302 E. MILLSAP RD.	
CITY-ST-ZIP	FAYETTEVILLE AR 72703	
TITLE	COO	<input checked="" type="checkbox"/> Delete
NAME	FELDMAN, TED	
STREET ADDRESS	3310 WEST END AVE., STE. 540	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARTHOLOMEW, W. DAVID	
STREET ADDRESS	3310 WEST END AVE., STE. 540	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	234 E. Millsap Rd	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	234 E. Millsap Rd	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	234 E. Millsap Rd	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P Steve Boun	
STREET ADDRESS	234 E. Millsap Rd	
CITY-ST-ZIP	Fayetteville, AR 72703	

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gordon Y. Allison 4/5/00 501/973-6000

Date

Daytime Phone #

CR2E034 (9/99)