

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001996

1. Entity Name

CPS STAFF LEASING, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90125 001 ***450.00

Principal Place of Business

Mailing Address

818 HOWARD AVENUE, SUITE 100
NEW ORLEANS LA 70113

818 HOWARD AVENUE, SUITE 100
NEW ORLEANS LA 70113-1194

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1066059

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

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 PC ☐ Delete
NAME BROWNE, GREGORY H
STREET ADDRESS 818 HOWARD AVENUE, SUITE 100
CITY-ST-ZIP NEW ORLEANS LA 70113

TITLE PRES/SEY/TREAS/DIR ☒ Change ☐ Addition
NAME GREGORY H. BROWNE
STREET ADDRESS 818 HOWARD AVE #100
CITY-ST-ZIP N.O., LA 70113

TITLE V ☐ Delete
NAME CLARK, NEIL
STREET ADDRESS 4315 DOWNTOWNER LOOP NORTH
CITY-ST-ZIP MOBILE AL 36609

TITLE SR V.P./DIRECTOR ☒ Change ☐ Addition
NAME G. NEIL CLARK
STREET ADDRESS 4315 DOWNTOWNER LOOP N
CITY-ST-ZIP MOBILE, AL 36609

TITLE ST ☐ Delete
NAME EUMONT, JACK V JR
STREET ADDRESS 818 HOWARD AVENUE SUITE 100
CITY-ST-ZIP NEW ORLEANS LA 70113

TITLE SR V.P./DIRECTOR ☒ Change ☐ Addition
NAME JACK V. EUMONT, JR.
STREET ADDRESS 818 HOWARD AVE #100
CITY-ST-ZIP N.O., LA 70113

TITLE C ☒ Delete
NAME BROWNE, GREGORY H
STREET ADDRESS 818 HOWARD AVENUE SUITE 100
CITY-ST-ZIP NEW ORLEANS LA 70113

TITLE C.O.O./DIRECTOR ☐ Change ☒ Addition
NAME BARRY I. CARLSON
STREET ADDRESS 650 SHACLEFORD #141
CITY-ST-ZIP LITTLE ROCK, AR 72211

TITLE D ☒ Delete
NAME BEAM, AARON JR
STREET ADDRESS 5182 GREYSTONE WAY
CITY-ST-ZIP BIRMINGHAM AL 35242

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

TITLE D ☒ Delete
NAME KELLER, STEVE
STREET ADDRESS 451 FLORIDA STREET 7TH FLOOR
CITY-ST-ZIP BATON ROUGE LA 70821

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

GREGORY H. BROWNE, PRES. 4-14-00 504-593-9771

Date

Daytime Phone #

CR2E034 (9/99)