

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005413

1. Entity Name

CTS 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

4315 DOWNTOWNER LOOP NORTH
MOBILE AL 36609

4315 DOWNTOWNER LOOP NORTH
MOBILE AL 36609-5501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1049269

Applied For

Not Applicable

Zip

Country

Zip

Country

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
PC
BROWNE, GREGORY H
818 HOWARD AVENUE, SUITE 100
NEW ORLEANS LA 70113 ☐ Delete

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

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

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

GREGORY H. BROWNE, PRES

4-14-00

504-593-9771

Date

Daytime Phone #

CR2E034 (9/99)