

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90018 031 \*\*\*150.00

**DOCUMENT # F99000005604**

1. Entity Name

**WILLSTAFF, INC.**

Principal Place of Business

**130 DESIARO ST  
 STE 200  
 MONROE LA 71201**

Mailing Address

**130 DESIARO ST  
 STE 200  
 MONROE LA 71201**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**130 Desiard Street**

3. Mailing Address

**130 Desiard Street**

Suite, Apt. #, etc.

**Suite 200**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Monroe, LA**

City & State

**Monroe, LA**

Zip

**71201**

Country

**U.S.A.**

Zip

**71201**

Country

**U.S.A.**

4. FEI Number

**72-1316104**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**DONNELLY, CYNTHIA  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMSON, WAYNE</b>	
STREET ADDRESS	<b>130 DESARIO ST</b>	
CITY-ST-ZIP	<b>MONROE LA 71201</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> Delete
NAME	<b>BLUE, CHRISTINE</b>	
STREET ADDRESS	<b>130 DESARIO ST</b>	
CITY-ST-ZIP	<b>MONROE LA 71201</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMSON, TODD</b>	
STREET ADDRESS	<b>130 DESARIO ST</b>	
CITY-ST-ZIP	<b>MONROE LA 71201</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMSON, KATHY</b>	
STREET ADDRESS	<b>130 DESARIO ST</b>	
CITY-ST-ZIP	<b>MONROE LA 71201</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>130 Desiard St., Suite 200</b>	
CITY-ST-ZIP		
TITLE	<b>Controller/ Sec.- Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>130 Desiard St., Suite 200</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>130 Desiard St., Suite 200</b>	
CITY-ST-ZIP		
TITLE	<b>VP/ Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>130 Desiard St., Suite 200</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>See Attached List</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WAYNE WILLIAMSON**

Date

Daytime Phone #

**4/29/02 314-324-9060**

CR2E034 (9/01)

Attachment

ATTACHMENT TO 2002 UNIFORM BUSINESS REPORT (UBR)

Document #: F99000005604

WillStaff, Inc.

298170

Addition to Officers and Directors List

Title: VP/Director  
Name: Dan Messer  
Street Address: 130 DeSiard St., Ste 200  
City-State-Zip: Monroe, LA 71201

Title: Director  
Name: Mary Hendrix  
Street Address: 130 DeSiard St., Ste 200  
City-State-Zip: Monroe, LA 71201

Title: Director  
Name: Anna Kaye Robinson  
Street Address: 130 DeSiard St., Ste 200  
City-State-Zip: Monroe, LA 71201

Title: Director  
Name: Sally Jo Taylor  
Street Address: 130 DeSiard St., Ste 200  
City-State-Zip: Monroe, LA 71201