

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90185 042 \*\*\*\*50.00

**DOCUMENT # M00000002336**

1. Entity Name

**BREWER PERSONNEL SERVICES, LLC**

Principal Place of Business

Mailing Address

234 EAST MILLSAP RD.  
 FAYETTEVILLE AR 72703

234 EAST MILLSAP RD.  
 FAYETTEVILLE AR 72703

2. Principal Place of Business

3. Mailing Address

111 Center Street

111 Center Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2020

Suite 2020

City & State

City & State

Little Rock AR

Little Rock AR

Zip

Country

Zip

Country

72201

USA

72201

USA

4. FEI Number

71-0666610

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MEM**  
**STAFFMARK INVESTMENT, LLC**  
**234 EAST MILLSAP RD.**  
**FAYETTEVILLE AR 72703**

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

TITLE  
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☐ Delete

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/24/02

504-377-2346

CR2E083 (4/02)