

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90091 050 ***158.75

DOCUMENT # P96000039795

1. Entity Name

AEROSTAFF SERVICES OF AMERICA INC.

Principal Place of Business

**480 N SAM HOUSTON PKWY
 STE 180
 HOUSTON-TX 77060**

Mailing Address

**480 N SAM HOUSTON PKWY
 STE 180
 HOUSTON TX 77060**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3 Northpoint Dr.

3. Mailing Address

3 Northpoint Dr.

Suite, Apt. #, etc.

3rd FLOOR

Suite, Apt. #, etc.

3rd FLOOR

City & State

HOUSTON, TEXAS

City & State

HOUSTON, TEXAS

Zip

77060

Country

USA

Zip

77060

Country

USA

4. FEI Number

65-0674520

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 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 **PCEO** ☐ Delete
 NAME **LOWERY, DOUGLAS L**
 STREET ADDRESS **1818 DEWBERRY BROOK COURT**
 CITY-ST-ZIP **KINGWOOD TX 77345**

TITLE **VP** ☐ Delete
 NAME **WITT, TERRY L**
 STREET ADDRESS **25810 HAVEN LAKE DRIVE**
 CITY-ST-ZIP **TOMBALL TX 77375**

TITLE **CCFO** ☐ Delete
 NAME **BROCK, EVERITT E**
 STREET ADDRESS **68 LAKEVIEW VILLAGE**
 CITY-ST-ZIP **MONTGOMERY TX 77356**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02

Date

281-999-5544

Daytime Phone #

CR2E034 (9/01)