

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90055 020 \*\*\*150.00

**DOCUMENT # P96000069971**

1. Entity Name

**EXPRESS HUMAN RESOURCES OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

ONE FINANCIAL CENTRE, SUITE 141  
 650 S. SHACKLEFORD  
 LITTLE ROCK AR 72211

ONE FINANCIAL CENTRE, SUITE 141  
 650 S. SHACKLEFORD  
 LITTLE ROCK AR 72211-3527



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**71-0795359**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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	D	<input checked="" type="checkbox"/> Delete
NAME	ELEY, REX	
STREET ADDRESS	1 FIN. CNTR. STE. 141, 650 S SHACKLEFORD	
CITY-ST-ZIP	LITTLE ROCK AR 72211	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICHARDS, THOMAS N	
STREET ADDRESS	6300 N.W. EXPRESSWAY	
CITY-ST-ZIP	OKLAHOMA CITY OK 73132	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GILLOGLY, DAVID	
STREET ADDRESS	6300 NW EXPRESSWAY	
CITY-ST-ZIP	OKLAHOMA CITY OK	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	BLOUGH, DEBBIE E.	
STREET ADDRESS	13819 NAPOLEON RD.	
CITY-ST-ZIP	LITTLE ROCK AR 72211	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, JAMES	
STREET ADDRESS	650 S SHACKLEFORD #141	
CITY-ST-ZIP	LITTLE ROCK AR 72211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gregory H. Browne	
STREET ADDRESS	818 Howard St	
CITY-ST-ZIP	New Orleans, LA 70113	
TITLE	COO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barry I Carlson	
STREET ADDRESS	650 S. Shackleford #141	
CITY-ST-ZIP	Little Rock, AR 72211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

501-221-2503

Daytime Phone #

P96000069971  
843778

### AFFIDAVIT OF OFFICERS AND/OR DIRECTORS

The undersigned, having been duly sworn, deposes and states to the best of their knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

1. The name of the corporation is PeopleWorks of FloridaII, Inc.

2. The current names and addresses of the officers are:

Titles	Names	Addresses
President,	Gregory H. Browne	818 Howard Avenue, New Orleans, LA 70113
CEO, CFO, Secretary, and Treasurer		
Senior VP	Debbie Blough	650 S. Shackleford, Su141, Little Rock, AR 72211

3. The current names and addresses of the directors are:

	Names	Addresses
Chairman	Gregory H. Browne	818 Howard Avenue, New Orleans, LA 70113
	Debbie Blough	650 S. Shackleford, Su.141, Little Rock, AR 72211

The above listed officers and directors were elected by the members, directors or shareholders in accordance with the provisions of Chapter 617, Florida Statutes.

Further affiant sayeth not.

Signature of officer/director



Gregory H. Browne

STATE OF LOUISIANA  
PARISH OF ORLEANS

The foregoing instrument was acknowledged before me this 3rd day of January, 2000, by Gregory H. Browne, who is personally known to me has produced ~~as identification~~ and who did take an oath.

Notary Public, Commission #

My Commission ~~expires~~ is for life

#19000064471  
843778

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