

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V 05061**
 Entity Name
HR LOGIC EASY STAFF, INC.

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FILED

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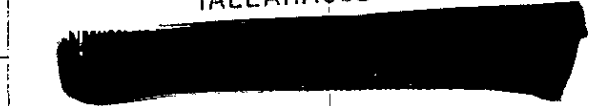
SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**43RD STREET WEST
 BRADENTON FL 34209**

Mailing Address
**402 43RD STREET WEST
 BRADENTON FL 34209-2952**

Principal Place of Business
 Suite, Apt. #, etc.

Mailing Address
2621 VAN BUREN AVE.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NORRISTOWN PA

4. FEI Number
59-310 4663

Zip
19403

5. Terminate or Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Accepted)
 City **FL** Zip Code

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 _____ 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 (If 11)		
NAME	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Add	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Add
STREET ADDRESS			NAME		
CITY-STATE-ZIP			STREET ADDRESS		
			CITY-STATE-ZIP		
NAME	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Add	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Add
STREET ADDRESS			NAME		
CITY-STATE-ZIP			STREET ADDRESS		
			CITY-STATE-ZIP		
NAME	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Add	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Add
STREET ADDRESS			NAME		
CITY-STATE-ZIP			STREET ADDRESS		
			CITY-STATE-ZIP		
NAME	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Add	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Add
STREET ADDRESS			NAME		
CITY-STATE-ZIP			STREET ADDRESS		
			CITY-STATE-ZIP		
NAME	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Add	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Add
STREET ADDRESS			NAME		
CITY-STATE-ZIP			STREET ADDRESS		
			CITY-STATE-ZIP		

See attached

PRESIDENT & CEO / DIRECTOR ☐ Change ☒ Add
CRAIG P. COY
2621 VAN BUREN AVE
NORRISTOWN, PA 19403
EXEC. VP / DIRECTOR ☐ Change ☒ Add
AVEN A. KERR
2621 VAN BUREN AVE
NORRISTOWN, PA 19403
SECRETARY / DIRECTOR ☐ Change ☒ Add
CHRISTINA D. HARRIS
2621 VAN BUREN AVE
NORRISTOWN, PA 19403
TREASURER / DIRECTOR ☐ Change ☒ Add
EDWIN A. NEUMANN
2621 VAN BUREN AVE
NORRISTOWN, PA 19403

900003246079--3
 05/10/00--01012--007
 *****150.00 *****150.00

LS

13. I hereby certify that the information provided with this filing is true and correct, and that my signature and name are the same as those used in the filing. I am an officer or director of the corporation or the person or persons authorized to file this report as required by Chapter 617, Florida Statutes, and that my name appears in Part 11 or Part 12, as changed, or on an attachment, if any, with this filing as so required.

SIGNATURE: **Edwin A. Neumann** 4/5/2000 610-650-4813
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

2062

000825

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V05061

1. Corporation Name

NOVACARE EMPLOYEE SERVICES EASY STAFF, INC.



Principal Place of Business

402 43RD ST W
BRADENTON FL 34209

Mailing Address

1016 W 9TH AVE
KING OF PRUSSIA PA 19406
US

Attn: Legal Dept.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1992

4. FEI Number

59-3104663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

25

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Day, Month, Year

Richard S. Binstein 1/1/99 610/992-7200