

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J63936

1. Entity Name

T. H. NURSING REGISTRY, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90002 050 ***150.00

Principal Place of Business 2540 SOUTHPOINTE DRIVE DUNEDIN FL 34698	Mailing Address 2540 SOUTHPOINTE DRIVE DUNEDIN FL 34698-6543
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2883678	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THIBODEAU, GRETA
2540 SOUTHPOINTE DR.
DUNEDIN FL 34698**

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 _____ (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

TITLE	P <input type="checkbox"/> Delete
NAME	THIBODEAU, GRETA
STREET ADDRESS	2540 SOUTHPOINTE DR.
CITY-ST-ZIP	DUNEDIN FL
TITLE	VP <input type="checkbox"/> Delete
NAME	POULIN, GARY P
STREET ADDRESS	2546 SOUTH POINTE DRIVE
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	VP <input type="checkbox"/> Delete
NAME	BOUDREAU, DENNISE
STREET ADDRESS	2540 SOUTHPOINTE DRIVE
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	VP <input type="checkbox"/> Delete
NAME	PERRY, ELIZABETH
STREET ADDRESS	2540 SOUTHPOINTE DRIVE
CITY-ST-ZIP	DUNEDIN FL 34698
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 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	
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 supplement 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: *Greta Thibodeau*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00 **727-734-8704**
 Date Daytime Phone #

C-11-2000