## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Mar 02, 2001 8:00 am Secretary of State DOCUMENT # **P94000042541** NURSES ON CALL INC. 03-02-2001 90038 030 \*\*\*150.00 Principal Place of Business Mailing Address 6704 C PLANTATION RD 7217 TWIN LAKES LANE PENSACOLA FL 32534 UNIT B PENSACOLA FL 32504 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3253094 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEIEK, ANN Street Address (P.O. Box Number is Not Acceptable) 6702 B PLANTATION RD STE A PENSACOLA FL 32504 City Zip Code FI 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change Addition COBB, ANN NAME 7217 TWIN LAKES LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE WORTHLAKE, LAURA NAME 5910 WALTON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP ☐ Delete ☐ Change Addition KEELK, PETER NAME STREET ADDRESS 7217 TWINLAKES LANE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-7IP ☐ Delete Change Addition TITLE COBB, CAROL NAME NAME 5910 WALTON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-7IP Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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