

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000000860

FILED  
Feb 19, 2003  
Secretary of State

Entity Name: SOCIETY OF PEDIATRIC NURSES, INC.

## Current Principal Place of Business:

7794 GROW DR  
PENSACOLA, FL 325147072

## New Principal Place of Business:

## Current Mailing Address:

7794 GROW DR  
PENSACOLA, FL 325147072

## New Mailing Address:

FEI Number: 68-0229220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PUETZ, BELINDA E., PHD, RN  
7794 GROW DR  
PENSACOLA, FL 325147072

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DUGGAN, MARY ANN  
Address: 4 WAYNE RD  
City-St-Zip: MONSON, MA 01057

Title: SD ( ) Delete  
Name: NICHOLSON, DANA K  
Address: 5003 NOLDA STREET  
City-St-Zip: HOUSTON, TX 77007

Title: D ( ) Delete  
Name: PAGE, NANCY E  
Address: 3772 GRIFFIN RD  
City-St-Zip: SYRACUSE, NY 13215

Title: TD ( ) Delete  
Name: KOTZER, ANNE MARIE  
Address: 5747 S. KENTON STREET  
City-St-Zip: ENGLEWOOD, CO 80111

Title: PD ( ) Delete  
Name: BOWDEN, VICKY R  
Address: 2421 DENISE AVE  
City-St-Zip: ORANGE, CA 92867

Title: V ( ) Delete  
Name: LARSON, BARBARA  
Address: 17 W 444 WALTHAM PLACE  
City-St-Zip: DARIEN, IL 60651

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LEWANDOWSKI, LINDA  
Address: 24231 WILLOW LANE  
City-St-Zip: NOVI, MI 48375

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SMITH, ANDREA  
Address: 6401 TRANQUILITY COURT  
City-St-Zip: ARLINGTON, TX 76016

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BELINDA E PUETZ

ED

02/19/2003

Electronic Signature of Signing Officer or Director

Date

MARY SCOTTER  
6009 ELK RIVER  
NORTH LITTLE ROCK, AR 72116