

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F36940

1. Entity Name

ATLANTIC NURSING SERVICES, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90139 026 ***150.00

Principal Place of Business

100 S PINE ISLAND ROAD
SUITE 118
PLANTATION FL 33324
US

Mailing Address

100 S PINE ISLAND ROAD
SUITE 118
PLANTATION FL 33324-2614
US

2. Principal Place of Business

8751 W. Broward Blvd

3. Mailing Address

Suite, Apt. #, etc.
Suite

City & State

Plantation, FL

City & State

Zip

Country

Zip
33324

Country

4. FEI Number

59-2114961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAMBERLAIN, FRED W
100 S PINE ISLAND ROAD
SUITE #118
PLANTATION FL 33324

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

Signature of 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
FLEMING, BARBARA D.
100 S PINE ISLAND ROAD SUITE #118
PLANTATION FL 33324 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
CHAMBERLAIN, FRED W.
100 S PINE ISLAND ROAD SUITE #118
PLANTATION FL 33324 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Director
Bart Delsin
8751 W. Broward Blvd #100
Plantation, FL 33324 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)