

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000002101**

1. Entity Name

UNIVERSAL NURSING SERVICES, LTD., INC.**FILED**
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90054 011 ***150.00

Principal Place of Business

**475 S 50TH STREET
STE 700
WEST DES MOINES IA 50265
US**

Mailing Address

**475 S 50TH STREET
STE 700
WEST DES MOINES IA 50265
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1280284

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
TALLAHASSEE FL 32301**

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, typed 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	ANDERSON, CONNIE J	
STREET ADDRESS	475 S 50TH ST, STE 700	
CITY- ST- ZIP	WEST DES MOINES IA 50265	

TITLE	CD	<input type="checkbox"/> Delete
NAME	ANDERSON, CONNIE J	
STREET ADDRESS	475 S 50TH STREET, STE 700	
CITY- ST- ZIP	WEST DES MOINES IA 50265	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, CONNIE J	
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, CONNIE J	
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		

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01
Date**515 224 1122**
Daytime Phone #

CR2E034 (10/00)